

User Guide

ForwardHealth Aging and Disability Resource Center Enrollment User Guide

June 5, 2019

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1 Access the Aging and Disability Resource Center Home Page

The Partner area of the ForwardHealth Portal allows authorized users to access member, third-party liability (TPL), managed care (MC), claims, prior authorization (PA), provider information, and Quick Links to other available resources. To access the Aging and Disability Resource Center (ADRC) secure home page, complete the following steps:

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.

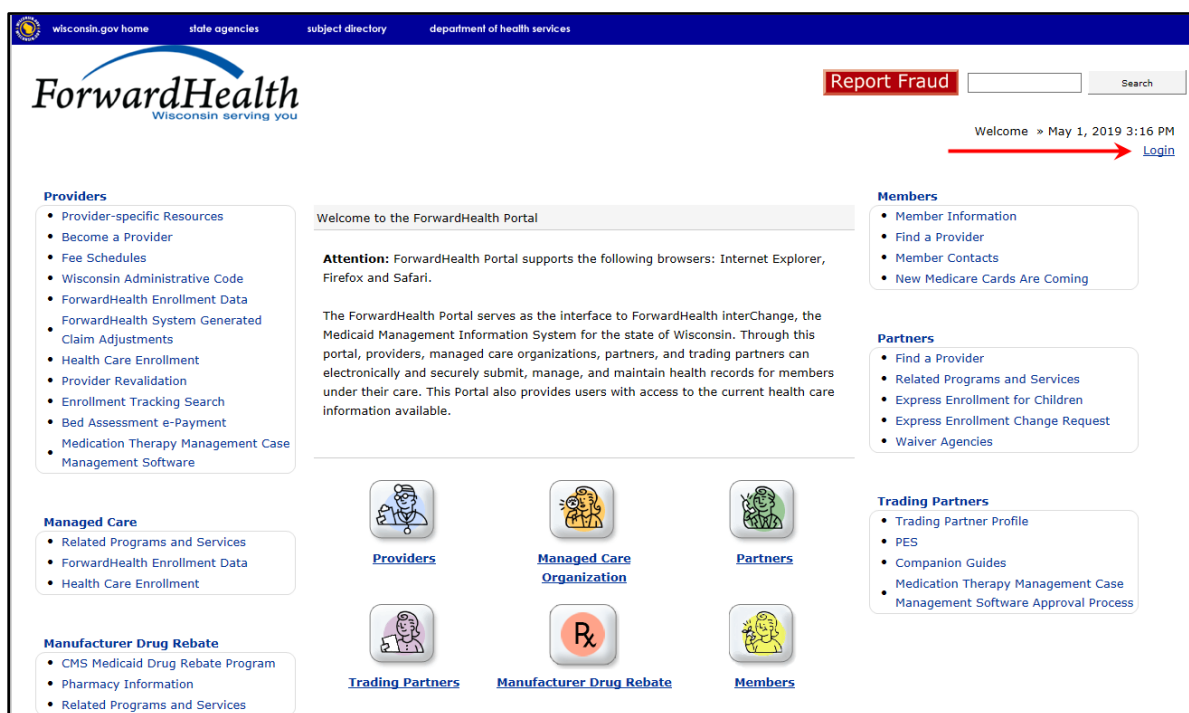
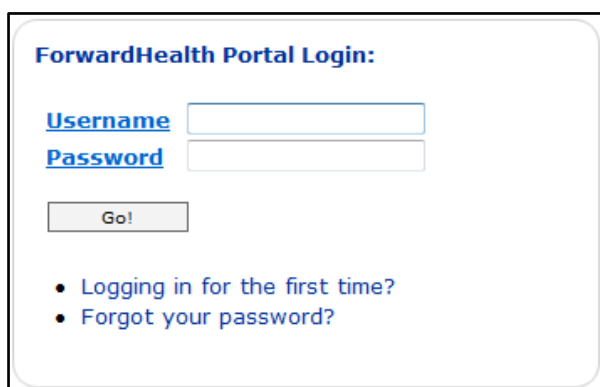


Figure 1 ForwardHealth Portal Page

- Click **Login**. The ForwardHealth Portal Login box will be displayed.



The image shows a login box titled "ForwardHealth Portal Login:". It contains two input fields: "Username" and "Password", both with blue text labels. Below the fields is a "Go!" button. At the bottom, there are two bullet points: "Logging in for the first time?" and "Forgot your password?".

Figure 2 ForwardHealth Portal Login

Note: The login box can also be accessed by clicking the Partners icon on the home page of the ForwardHealth Portal.

- Enter your username.
- Enter your password.
- Click **Go!** The secure Partner page will be displayed.

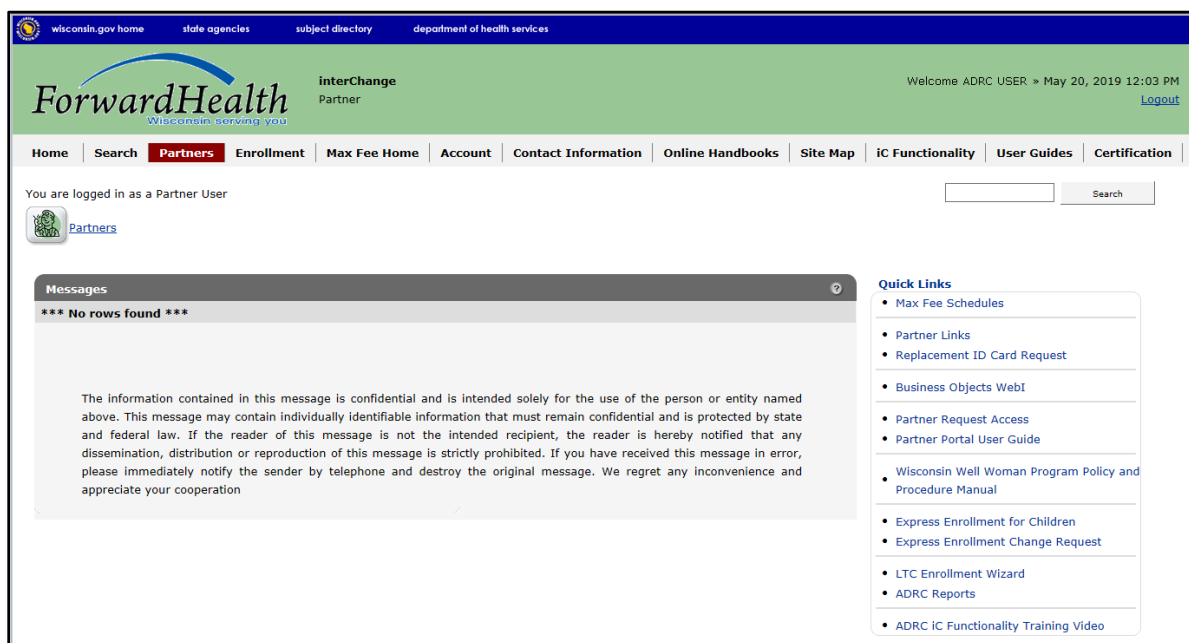


Figure 3 Secure Partner Page

2 Long Term Care Enrollment Wizard

The Long Term Care (LTC) Enrollment Wizard will walk the user through adding or updating LTC enrollment in Family Care or Program of All-Inclusive Care for the Elderly (PACE)/Partnership. These are the only MC programs that can be added, updated, or inactivated. To use the LTC Enrollment Wizard functionality on the Portal, complete the following steps:

2.1 Member Search

1. On the Secure ADRC home page, click **LTC Enrollment Wizard** in the Quick Links panel. The LTC Enrollment Wizard Member Search panel will be displayed.

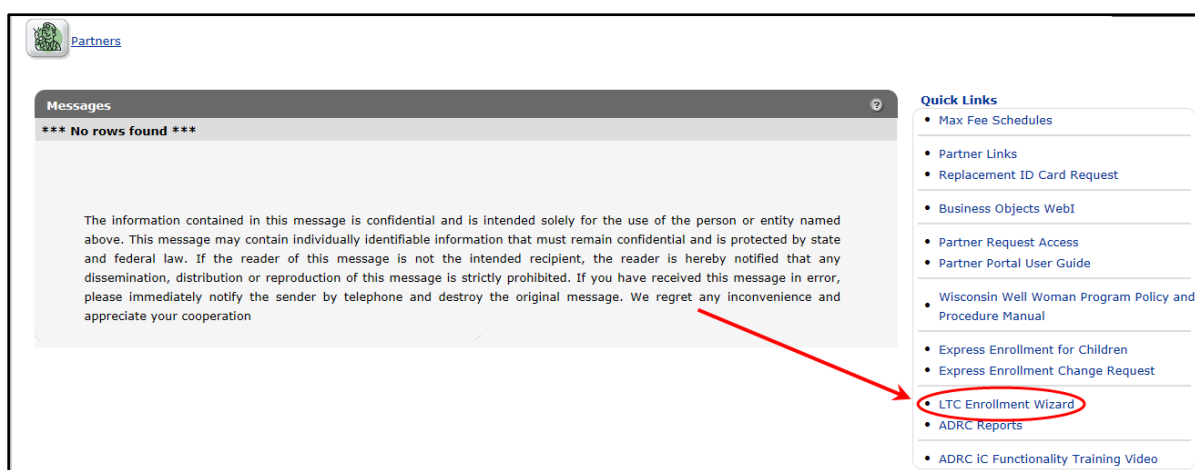


Figure 4 LTC Enrollment Wizard Link

A screenshot of the 'Member Search' panel. At the top, it says 'Required fields are indicated with an asterisk (*)'. Below this, there is a list of required fields: 'One of the following is required:' followed by three options: 'Member ID', 'Social Security Number and Date of Birth', and 'Member First/Last Name and Date of Birth'. Below these options, there are input fields for 'Member ID', 'Last Name', 'First Name', 'Social Security Number', and 'Date of Birth'. At the bottom right, there are 'Search' and 'Clear' buttons. At the bottom center, there is a 'Next' button. At the bottom right, there is an 'Exit' button.

Figure 5 Member Search Panel

2. Enter one of the following:
 - The Member ID

The Member ID will return the most accurate result. When using the Member ID as a search query it is best to *not* enter any other search information. The Member ID will override any other criteria entered in the search fields such as the member's name or Social Security number (SSN). If any information entered in the search panel is inconsistent with the information for the Member ID, only the information related to the Member ID will be returned.

- If the member's ID is not available, the following combinations can be used:
 - o The member's last name, first name, and date of birth (DOB)
 - o The member's SSN and DOB

Some members' SSNs may not be recorded in the ForwardHealth system. If a search by SSN yields a "No rows found" result, clear the information in the SSN field and enter information in a different field.

Users should verify the member's information after the search results are returned.

- Click **search**. The “Search Results” section will be displayed showing demographic information for the member along with the member’s ForwardHealth benefit plans, managed care organization (MCO) enrollment history, level of care (LOC), and waiver history that have an end date no earlier than three years in the past.

Member Search

Required fields are indicated with an asterisk (*).

- One of the following is required:
 - Member ID
 - Social Security Number and Date of Birth
 - Member First/Last Name and Date of Birth

Member ID 0987654321

Last Name First Name

Social Security Number Date of Birth

Search

Clear

Search Results

Member Information

Member ID: 0987654321 Name: CLAIMS M TESTER

Date of Birth: 07/04/1945 County: La Crosse

Medicare Beneficiary ID

Address: LOT 133
W4945 COUNTY ROAD ES
ANYTOWN WI, 55555-1111

Benefit Plan

| Benefit Plan | Effective Date | End Date |
|--|----------------|------------|
| Medicaid Purchase Plan Waiver | 09/01/2012 | 12/31/2299 |
| State Supplemental Payment - State Supplemental In | 09/01/2005 | 12/31/2299 |

MCO Enrollment History

| MCO ID | MCO Name | MC Program | Effective Date | End Date |
|----------|-----------------|-------------|----------------|------------|
| 99999999 | XYZ HEALTH PLAN | Family Care | 08/01/2012 | 12/31/2299 |

LOC

| Special Condition Code | Effective Date | End Date |
|---|----------------|------------|
| L04 - Non-Nursing Home Level of Care (MA) | 01/01/2013 | 12/31/2299 |

Waiver History

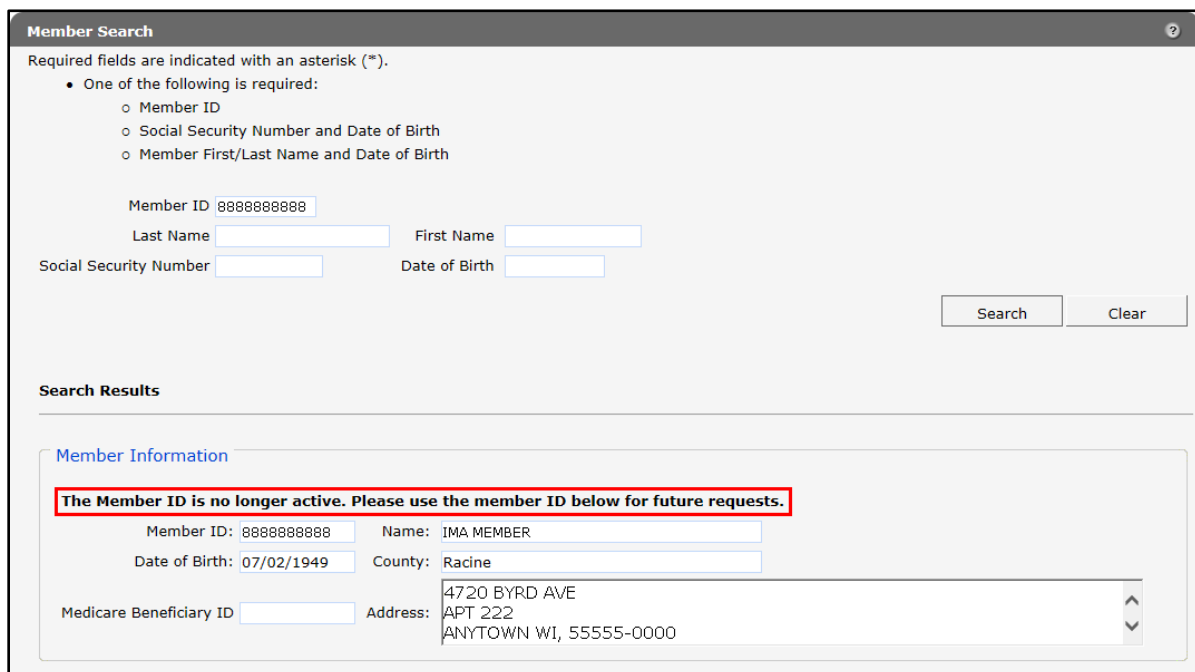
*** No rows found ***

Next

Exit

Figure 6 Member Search Results

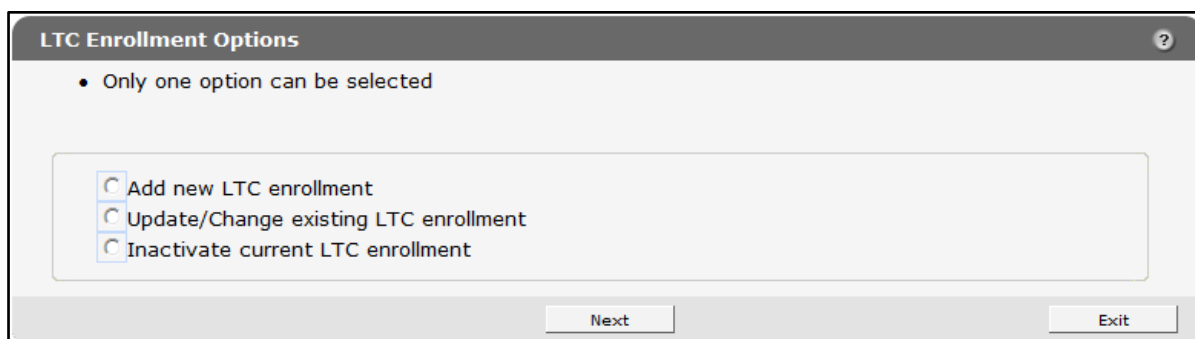
If an inactive Member ID is used, the following message will be displayed instructing to use the current Member ID for future requests.



The screenshot shows the 'Member Search' panel. At the top, it states 'Required fields are indicated with an asterisk (*)'. Below this, a list indicates that one of the following is required: Member ID, Social Security Number and Date of Birth, or Member First/Last Name and Date of Birth. The form contains input fields for Member ID (pre-filled with '888888888'), Last Name, First Name, Social Security Number, and Date of Birth. 'Search' and 'Clear' buttons are on the right. The 'Search Results' section shows 'Member Information' for 'IMA MEMBER' with details like Date of Birth (07/02/1949), County (Racine), and Address (4720 BYRD AVE, APT 222, ANYTOWN WI, 55555-0000). A red-bordered message box states: 'The Member ID is no longer active. Please use the member ID below for future requests.'

Figure 7 Member Search Panel

- Click **Next**. The LTC Enrollment Options panel will be displayed.



The screenshot shows the 'LTC Enrollment Options' panel. It features a heading 'LTC Enrollment Options' and a bullet point stating 'Only one option can be selected'. Below this, there are three radio button options: 'Add new LTC enrollment', 'Update/Change existing LTC enrollment', and 'Inactivate current LTC enrollment'. At the bottom, there are 'Next' and 'Exit' buttons.

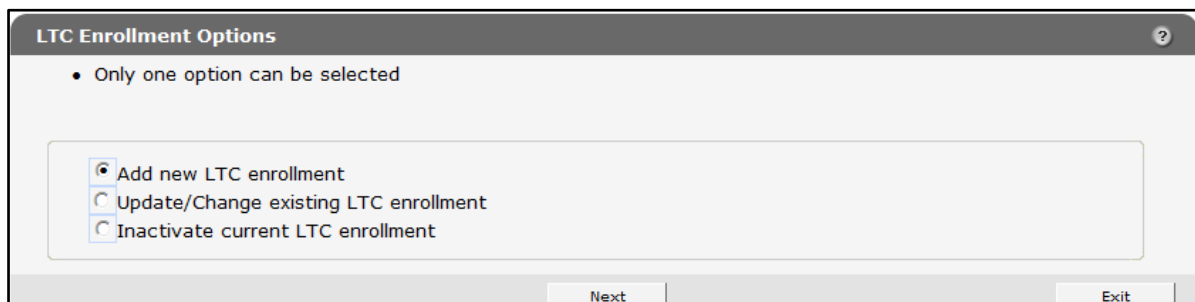
Figure 8 LTC Enrollment Options Panel

- Click the radio button for the task to be performed. Only one option can be selected.

2.2 Add New LTC Enrollment

To add a new LTC enrollment, complete the following steps:

1. Click the Add new LTC enrollment radio button on the LTC Enrollment Options panel.



LTC Enrollment Options

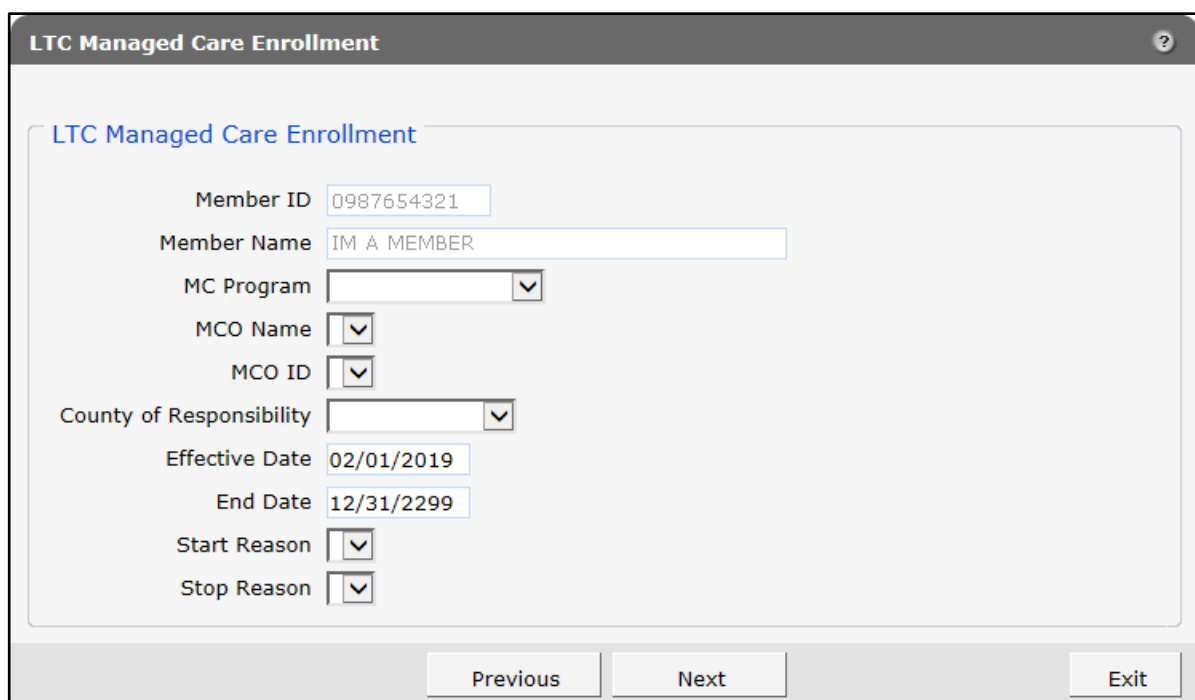
• Only one option can be selected

☒ Add new LTC enrollment
☐ Update/Change existing LTC enrollment
☐ Inactivate current LTC enrollment

Next Exit

Figure 9 Add New LTC Enrollment Radio Button

2. Click **Next**. The LTC Managed Care Enrollment panel will be displayed.



LTC Managed Care Enrollment

LTC Managed Care Enrollment

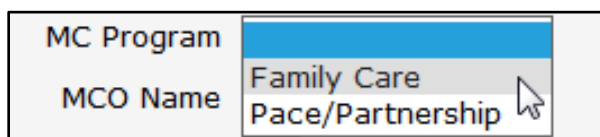
Member ID 0987654321
Member Name IM A MEMBER
MC Program
MCO Name
MCO ID
County of Responsibility
Effective Date 02/01/2019
End Date 12/31/2299
Start Reason
Stop Reason

Previous Next Exit

Figure 10 LTC Managed Care Enrollment Panel

Some options in the LTC Managed Care Enrollment panel will be grayed out and pre-populated with default values based on standard enrollment policy. Complete the following steps for options that are not pre-populated:

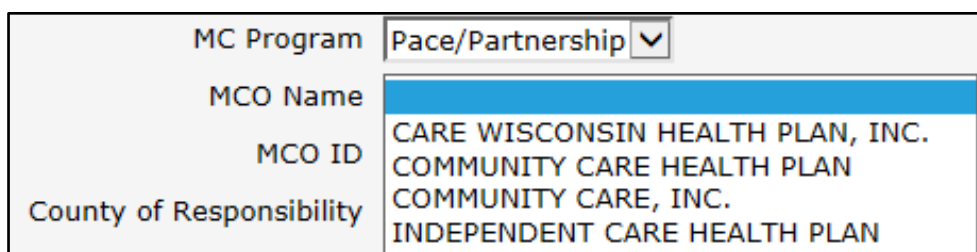
3. Use the drop-down menu in the MC Program field to select either Family Care or Pace/Partnership.



The screenshot shows a form with two fields: 'MC Program' and 'MCO Name'. The 'MC Program' field has a dropdown menu open, showing two options: 'Family Care' and 'Pace/Partnership'. A mouse cursor is pointing at 'Pace/Partnership'.

Figure 11 Select MC Program

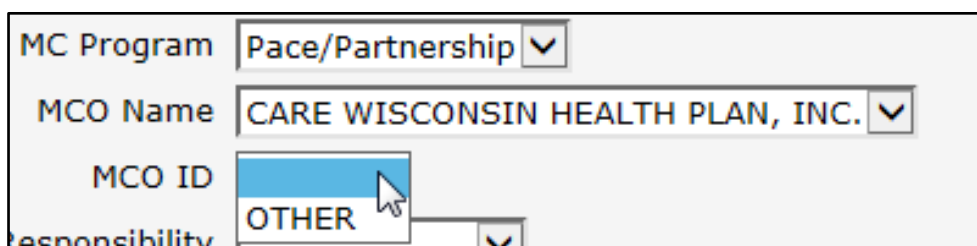
4. Click in the gray area of the panel. The panel will refresh and the MC Name drop-down menu will populate with all the MCOs for the selected MC Program.



The screenshot shows the same form as Figure 11, but now the 'MC Program' field is set to 'Pace/Partnership'. The 'MCO Name' field has a dropdown menu open, showing four options: 'CARE WISCONSIN HEALTH PLAN, INC.', 'COMMUNITY CARE HEALTH PLAN', 'COMMUNITY CARE, INC.', and 'INDEPENDENT CARE HEALTH PLAN'. The 'MCO ID' and 'County of Responsibility' fields are also visible.

Figure 12 MCOs for the MC Program Selected

5. Select the MCO name from the drop-down menu.
6. Click in the gray area of the panel. The panel will refresh and the MCO ID drop-down menu will populate with all the MCO IDs within the member's service area (based on the county where the member resides unless a court-ordered placement exists in another county or the member was placed in another county by an LTC program), the name associated with each MCO ID, and OTHER.



The screenshot shows the same form as Figure 12, but now the 'MCO Name' field is set to 'CARE WISCONSIN HEALTH PLAN, INC.'. The 'MCO ID' field has a dropdown menu open, showing one option: 'OTHER'. A mouse cursor is pointing at 'OTHER'.

Figure 13 MCO IDs

7. Select the desired MCO ID. If OTHER is selected, the MCO ID drop-down menu will repopulate with all the MCO IDs and associated names that are outside the member's service area for the selected MC Program and MCO Name. Select the desired ID from this group.

8. Select the County of Responsibility from the drop-down menu. The County of Responsibility is the county responsible for the provision of services. The County of Residence is the county in which the person resides.

| | |
|--------------------------|---|
| MCO Name | CARE WISCONSIN HEALTH PLAN, INC. ▼ |
| MCO ID | 00000000 - CARE WI PARTNERSHIP - SAUK ▼ |
| County of Responsibility | Sauk ▼ |

Figure 14 County of Responsibility

9. In the Effective Date field, enter the date the enrollment should go into effect if other than the pre-populated start date.
10. In the End Date field, enter the date the enrollment should end if other than the pre-populated end date.
11. In the Start Reason field, select the reason for adding the new enrollment if other than the pre-populated "Portal Default" start reason.

| | |
|----------------|------------------|
| Effective Date | 11/01/2017 |
| End Date | 12/31/2299 |
| Start Reason | New Enrollment ▼ |
| Stop Reason | ▼ |

Figure 15 Effective Date, End Date, Start Reason, and Stop Reason

12. Click **Next**. If the Effective Date entered is not the current date, a warning message will be displayed.

| | |
|--|--|
| Member Search » LTC Enrollment Options » LTC Managed Care Enrollment | |
| The following messages were generated: | |
| Warning: You are using a future effective date. Are you sure you want to continue? | <div>LTC Managed Care Enrollment</div> <input type="checkbox"/> Ignore |
| Continue | |

Figure 16 Warning Message

13. Check the **Ignore** box and click **Continue**. The Level of Care (LOC) information panel will be displayed.

| Special Condition Code | Effective Date | End Date |
|---------------------------------------|----------------|------------|
| L06 - Nursing Home Level of Care (MA) | 05/01/2017 | 05/31/2018 |

Special Condition Code: L06 - Nursing Home Level of Care (MA)

Effective Date: 05/01/2017

End Date: 05/31/2018

Frail Elder: No

Alzheimer's Disease or other Irreversible Dementia: No

Physical Disability: Yes

Terminal Condition: Yes

Developmental Disability per FEDERAL: No

Severe and Persistent Mental Illness: No

Developmental Disability per STATE: No

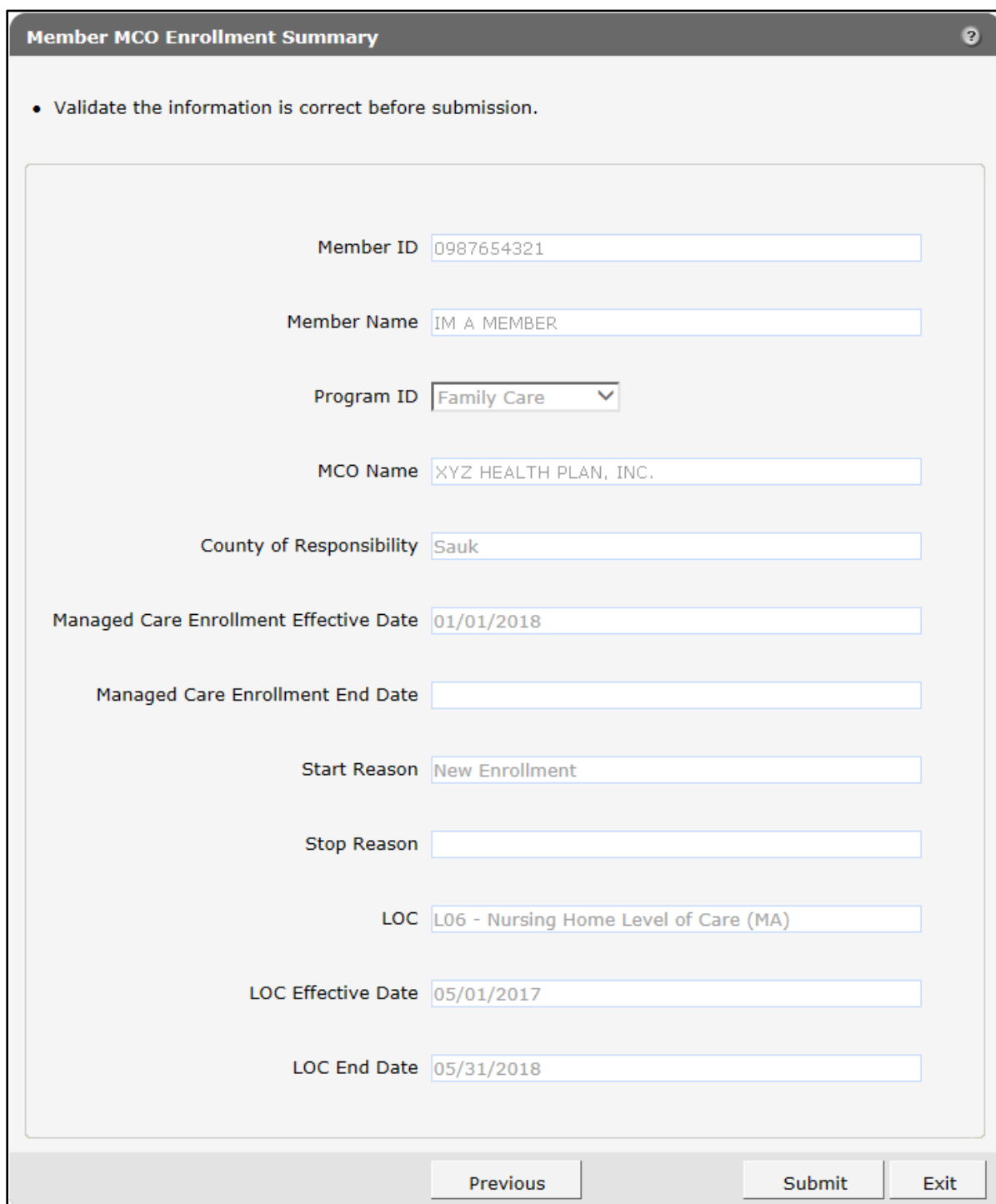
No Target Group: No

Previous Next Exit

Figure 17 Level of Care (LOC) Information Panel

Note: The most current LOC is retrieved automatically from the Functional Screen Information Access (FSIA) system. The appropriate LOC that spans the requested enrollment dates will be used to evaluate the validity of the enrollment request.

14. Click **Next**. The Member MCO Enrollment Summary panel will be displayed.



The image shows a software window titled "Member MCO Enrollment Summary" with a help icon in the top right corner. Below the title bar, there is a bullet point instruction: "Validate the information is correct before submission." The main area of the window contains several form fields, each with a label and a text input box. The fields are: "Member ID" with the value "0987654321", "Member Name" with the value "IM A MEMBER", "Program ID" with a dropdown menu showing "Family Care", "MCO Name" with the value "XYZ HEALTH PLAN, INC.", "County of Responsibility" with the value "Sauk", "Managed Care Enrollment Effective Date" with the value "01/01/2018", "Managed Care Enrollment End Date" which is empty, "Start Reason" with the value "New Enrollment", "Stop Reason" which is empty, "LOC" with the value "L06 - Nursing Home Level of Care (MA)", "LOC Effective Date" with the value "05/01/2017", and "LOC End Date" with the value "05/31/2018". At the bottom of the window, there are three buttons: "Previous", "Submit", and "Exit".

Member MCO Enrollment Summary

- Validate the information is correct before submission.

Member ID: 0987654321

Member Name: IM A MEMBER

Program ID: Family Care

MCO Name: XYZ HEALTH PLAN, INC.

County of Responsibility: Sauk

Managed Care Enrollment Effective Date: 01/01/2018

Managed Care Enrollment End Date:

Start Reason: New Enrollment

Stop Reason:

LOC: L06 - Nursing Home Level of Care (MA)

LOC Effective Date: 05/01/2017

LOC End Date: 05/31/2018

Previous Submit Exit

Figure 18 Member MCO Enrollment Summary Panel

Review the information on this panel to validate that it is correct. The information on this panel cannot be changed and is for verification purposes only. If any information needs to be corrected, click **Previous** to return to a previous panel.

15. If the information is correct, click **Submit**. The Confirmation panel will be displayed.

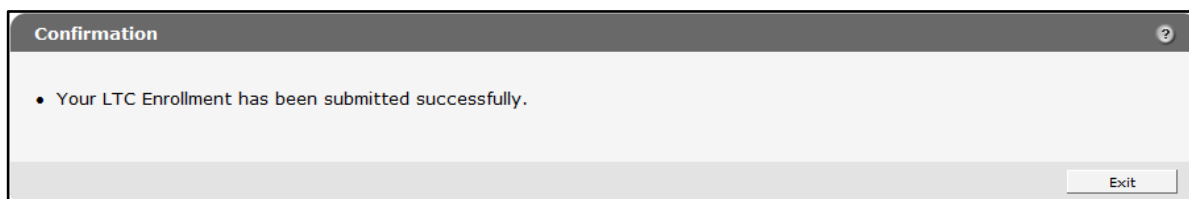


Figure 19 Confirmation Panel

2.3 Update/Change Existing LTC Enrollment

To update or change a current LTC enrollment, complete the following steps:

1. Click the **Update/Change existing LTC enrollment** radio button on the LTC Enrollment Options panel.

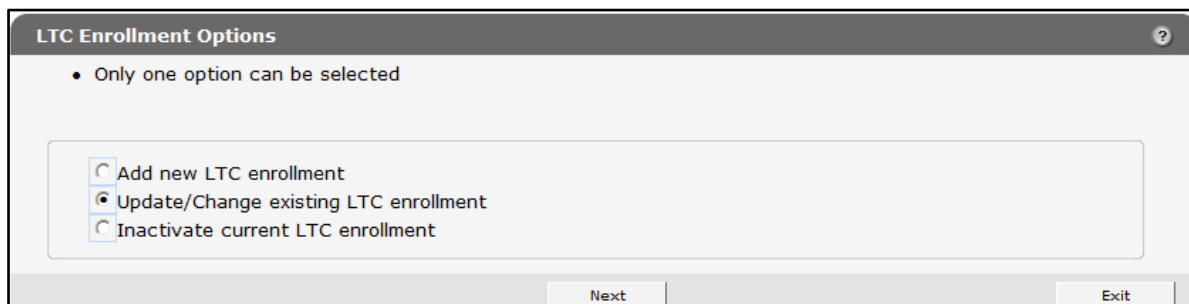


Figure 20 Update/Change Existing LTC Enrollment Radio Button

2. Click **Next**. The LTC Managed Care Enrollment panel will be displayed.

LTC Managed Care Enrollment

Member Information

Member ID: 0987654321 Name: IM A MEMBER
Date of Birth: 08/01/1995 County: Dane
Medicare Beneficiary ID: Address: 435 BIRDY LANE
MADISON WI, 55555

MCO Enrollments

Select the record to update
*Please note only three years' worth of LTC enrollment will be displayed. For more history, please refer to the MCO enrollment panel in IC Functionality.

| MCO ID | MCO Name | MC Program | Effective Date | End Date |
|----------|-----------------------|-------------|----------------|------------|
| 00000000 | XYZ HEALTH PLAN, INC. | Family Care | 01/01/2018 | 05/31/2018 |

LTC Managed Care Enrollment

Member ID: 0987654321
Member Name: IM A MEMBER
MC Program:
MCO Name:
MCO ID:
County of Responsibility: Sauk
Effective Date:
End Date:
Start Reason:
Stop Reason:

Previous Next Exit

Figure 21 LTC Managed Care Enrollment Panel

3. Select the MCO enrollment to be revised. The page will refresh, the “LTC Managed Care Enrollment” section will populate with the information for the selected enrollment, and the County of Responsibility, End Date and Stop Reason fields will be activated.

MCO Enrollments

Select the record to update
*Please note only three years' worth of LTC enrollment will be displayed. For more history, please refer to the MCO enrollment panel in iC Functionality.

| MCO ID | MCO Name | MC Program | Effective Date | End Date |
|----------|-----------------------|-------------|----------------|------------|
| 00000000 | XYZ HEALTH PLAN, INC. | Family Care | 01/01/2018 | 05/31/2018 |

LTC Managed Care Enrollment

Member ID: 0987654321
Member Name: IM A MEMBER
MC Program: Family Care
MCO Name: XYZ HEALTH PLAN, INC.
MCO ID: 00000000
County of Responsibility: Sauk
Effective Date: 01/01/2018
End Date: 05/31/2018
Start Reason: New Enrollment
Stop Reason: Choosing FFS MA

Previous Next Exit

Figure 22 LTC Managed Care Enrollment Section

4. Make the desired changes.

5. Click **Next**. The Level of Care (LOC) Information panel will be displayed.

Level of Care(LOC) Information

| Special Condition Code | Effective Date | End Date |
|--|--------------------------------|--------------------------|
| L06 - Nursing Home Level of Care (MA) | 05/01/2017 | 05/31/2018 |

Special Condition Code:

Effective Date:

End Date:

Frail Elder:

Alzheimer's Disease or other Irreversible Dementia:

Physical Disability:

Terminal Condition:

Developmental Disability per FEDERAL:

Severe and Persistent Mental Illness:

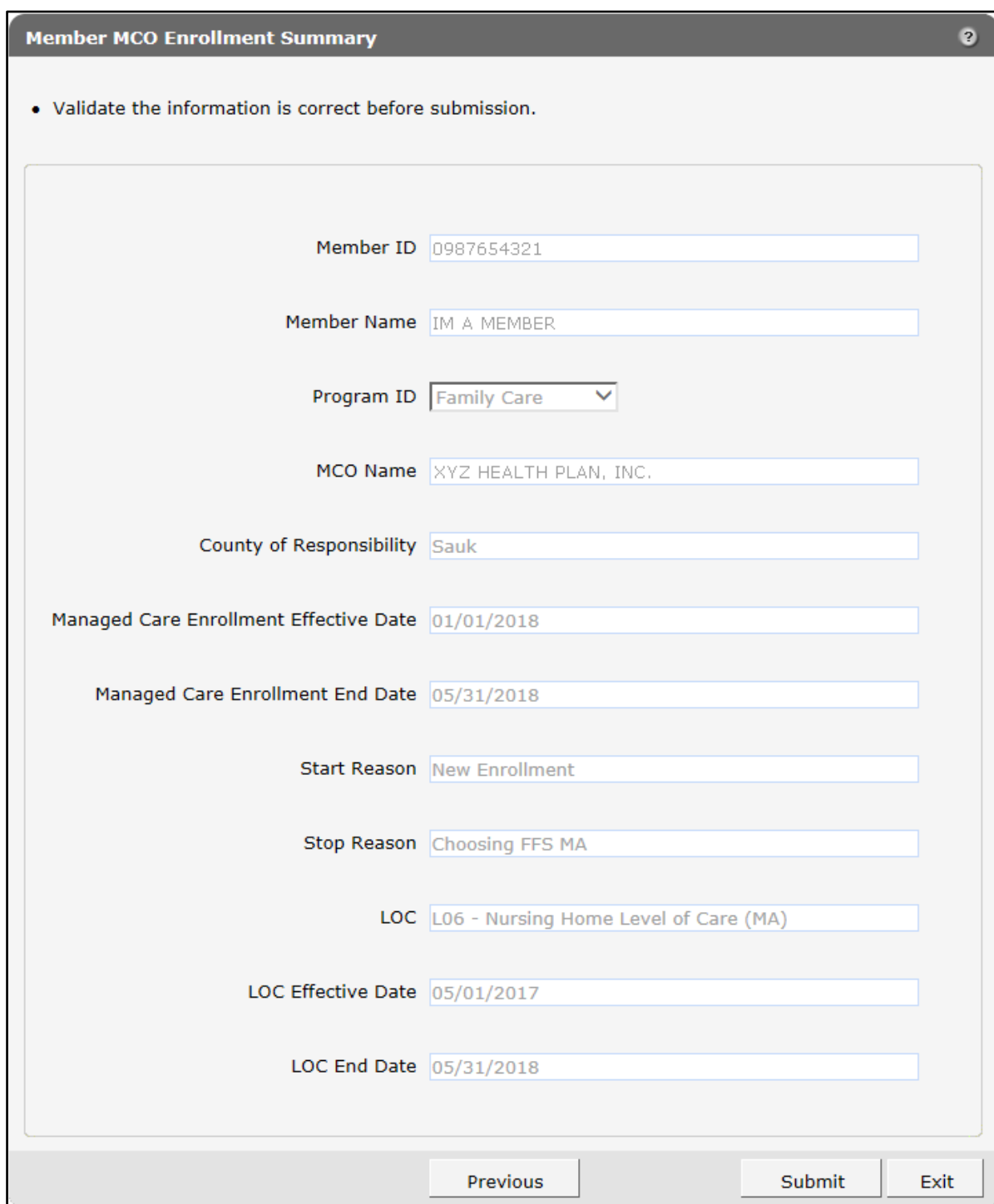
Developmental Disability per STATE:

No Target Group:

Figure 23 Special Condition Code Selected

Note: The most current LOC is retrieved automatically from the FSIA system. The appropriate LOC than spans the requested enrollment dates will be used to evaluate the validity of the enrollment request.

6. Click **Next**. The Member MCO Enrollment Summary panel will be displayed.



The image shows a software window titled "Member MCO Enrollment Summary" with a help icon in the top right corner. Below the title bar, there is a bullet point instruction: "Validate the information is correct before submission." The main area of the window contains several form fields, each with a label and a text input box. The fields are: "Member ID" with the value "0987654321", "Member Name" with the value "IM A MEMBER", "Program ID" with a dropdown menu showing "Family Care", "MCO Name" with the value "XYZ HEALTH PLAN, INC.", "County of Responsibility" with the value "Sauk", "Managed Care Enrollment Effective Date" with the value "01/01/2018", "Managed Care Enrollment End Date" with the value "05/31/2018", "Start Reason" with the value "New Enrollment", "Stop Reason" with the value "Choosing FFS MA", "LOC" with the value "L06 - Nursing Home Level of Care (MA)", "LOC Effective Date" with the value "05/01/2017", and "LOC End Date" with the value "05/31/2018". At the bottom of the window, there are three buttons: "Previous", "Submit", and "Exit".

Member MCO Enrollment Summary

- Validate the information is correct before submission.

Member ID 0987654321

Member Name IM A MEMBER

Program ID Family Care

MCO Name XYZ HEALTH PLAN, INC.

County of Responsibility Sauk

Managed Care Enrollment Effective Date 01/01/2018

Managed Care Enrollment End Date 05/31/2018

Start Reason New Enrollment

Stop Reason Choosing FFS MA

LOC L06 - Nursing Home Level of Care (MA)

LOC Effective Date 05/01/2017

LOC End Date 05/31/2018

Previous Submit Exit

Figure 24 Member MCO Enrollment Summary Panel

Review the information on this panel to validate that it is correct. The information on this panel cannot be changed and is for verification purposes only. If any information needs to be corrected, click **Previous** to return to a previous panel.

7. If the information is correct, click **Submit**. The Confirmation panel will be displayed.

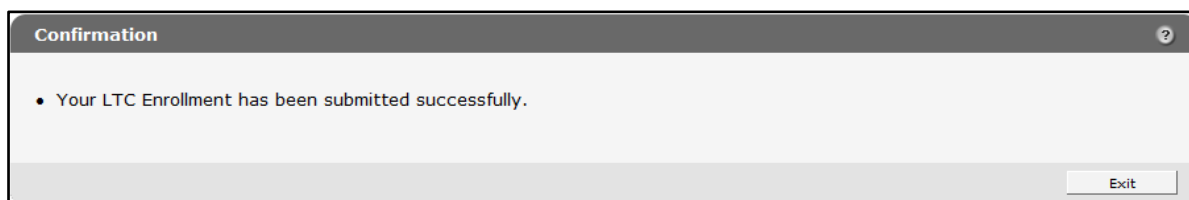


Figure 25 Confirmation Panel

2.4 Inactivate Current LTC Enrollment

When a current enrollment segment is inactivated, the system treats the segment as if it never existed. This enables the user to add new enrollment for the time period that was inactivated.

To inactivate a current LTC enrollment, complete the following steps:

1. Click the **Inactivate current LTC enrollment** radio button on the LTC Enrollment Options panel.

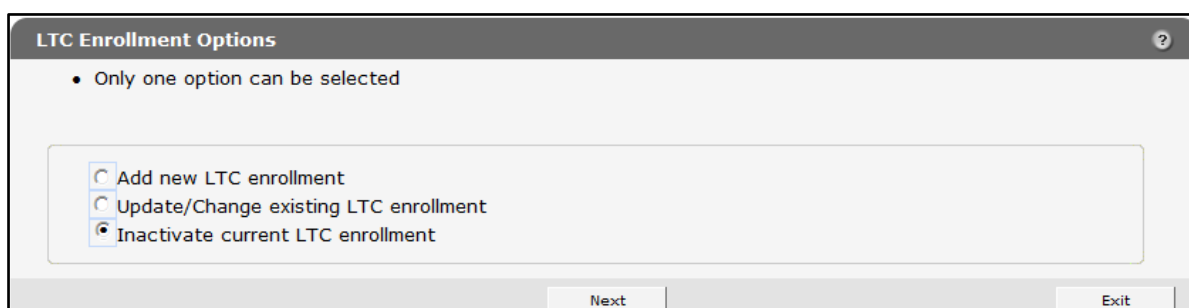


Figure 26 Inactivate a Current LTC Enrollment Radio Button

2. Click **Next**. The LTC Managed Care Enrollment panel will be displayed.

LTC Managed Care Enrollment

Member Information

Member ID: 0987654321 Name: IM A MEMBER
Date of Birth: 08/01/1995 County: Dane
Medicare Beneficiary ID Address: 435 BIRDY LANE
MADISON WI, 55555

MCO Enrollments

Select the record to update
*Please note only three years' worth of LTC enrollment will be displayed. For more history, please refer to the MCO enrollment panel in IC Functionality.

| MCO ID | MCO Name | MC Program | Effective Date | End Date |
|----------|-----------------------|-------------|----------------|------------|
| 00000000 | XYZ HEALTH PLAN, INC. | Family Care | 01/01/2018 | 05/31/2018 |

LTC Managed Care Enrollment

Member ID: 0987654321
Member Name: IM A MEMBER
MC Program:
MCO Name:
MCO ID:
County of Responsibility: Sauk
Effective Date:
End Date:
Start Reason:
Stop Reason:

Previous Next Exit

Figure 27 LTC Managed Care Enrollment Panel

3. Select the MCO enrollment to be inactivated. The page will refresh, the “LTC Managed Care Enrollment” section will populate with the information for the selected enrollment, and the Stop Reason field and Inactivate Enrollment Record check box will be activated.

MCO Enrollments

Select the record to inactivate
 *Please note only three years' worth of LTC enrollment will be displayed. For more history, please refer to the MCO enrollment panel in IC Functionality.

| MCO ID | MCO Name | MC Program | Effective Date | End Date |
|----------|-----------------------|-------------|----------------|------------|
| 00000000 | XYZ HEALTH PLAN, INC. | Family Care | 01/01/2018 | 05/31/2018 |

LTC Managed Care Enrollment

Member ID: 0987654321
 Member Name: IM A MEMBER
 MC Program: Family Care
 MCO Name: XYZ HEALTH PLAN, INC.
 MCO ID: 00000000
 County of Responsibility: Sauk
 Effective Date: 01/01/2018
 End Date: 05/31/2018
 Start Reason: New Enrollment
 Stop Reason: Moved to Another Service Region
☒ Inactivate Enrollment Record

Previous Submit Exit

Figure 28 LTC Managed Care Enrollment Section

4. Select a stop reason from the Stop Reason drop-down menu if different than the default.
5. Check the **Inactivate Enrollment Record** box.
6. Click **Submit**. A message warning of the selection to inactivate the enrollment will be displayed at the top of the panel.

The following messages were generated:

Warning: You have selected to inactivate this record. Do you want to proceed?

LTC Managed Care Enrollment ☐ Ignore

Continue

LTC Managed Care Enrollment

Member Information

Member ID: 0987654321 Name: ADLT REG

Figure 29 Inactivate Warning Message

7. Check the **Ignore** box.

8. Click **Continue**. The Confirmation panel will be displayed.

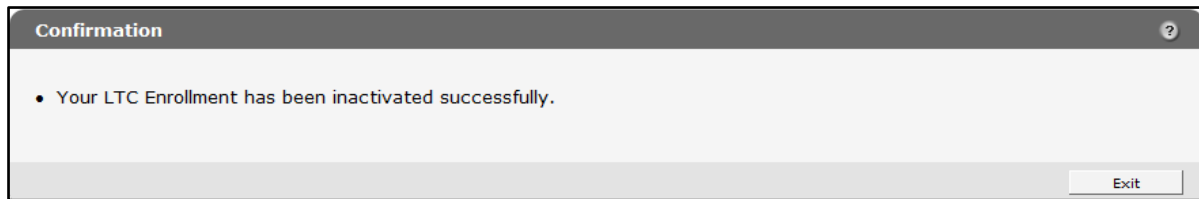


Figure 30 Confirmation Panel

3 Access interChange Functionality

The interChange (iC) Functionality section of the Partner area of the ForwardHealth Portal allows authorized users to access member information. To use iC functionality on the Portal, complete the following steps.

To access interChange (iC) functionality, click **iC Functionality** on the main menu at the top of the Secure ADRC home page. The iC Functionality page will be displayed.

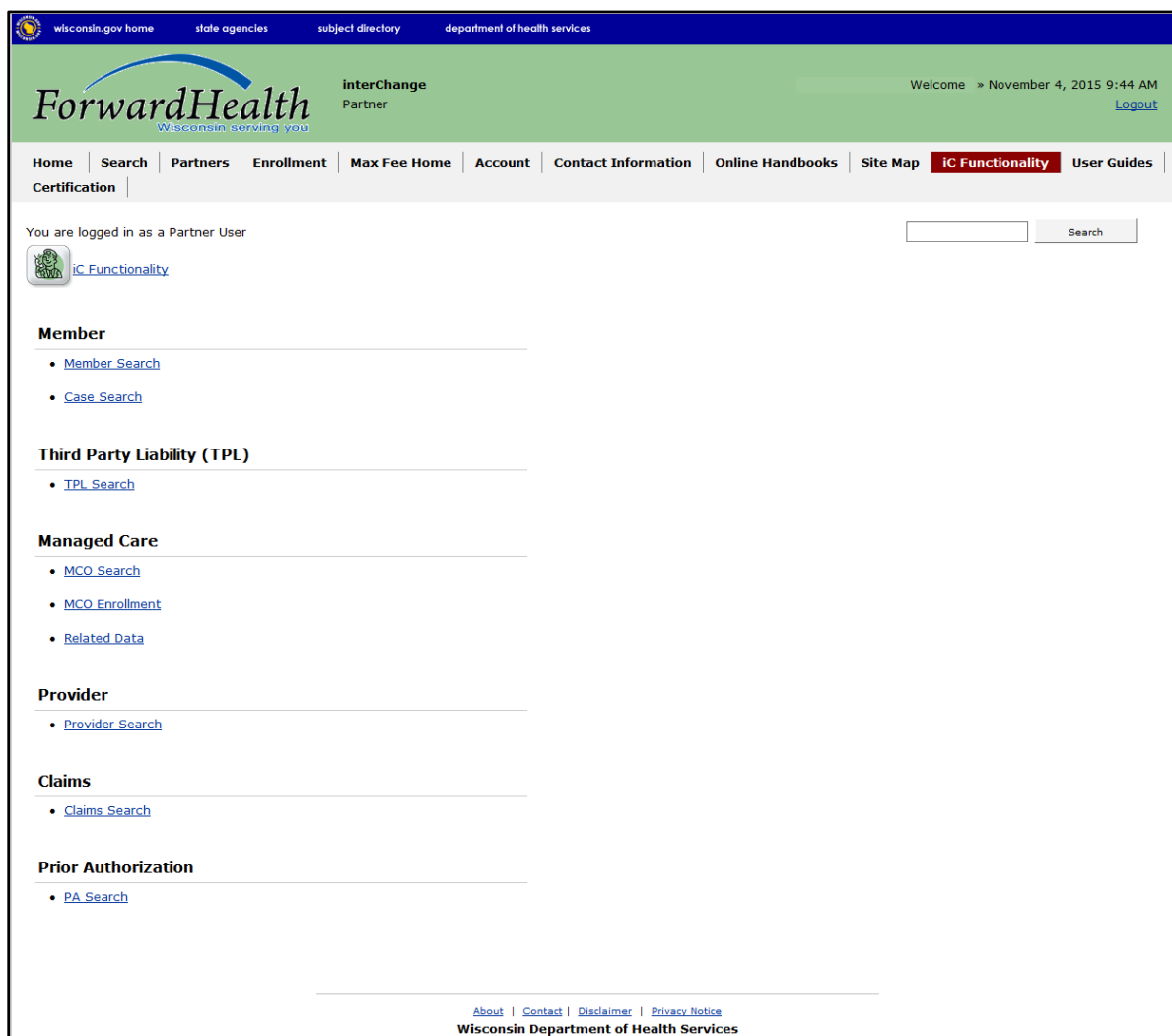


Figure 31 iC Functionality page

4 Member

4.1 Member Search

1. On the iC Functionality page, click **Member Search**. The Member Search panel will be displayed.

Member Search

Member ID Last Name Sounds-like ☐

Previous Member ID First Name

HICN Previous Last Name

Medicare Beneficiary ID Previous First Name

Case Number Birth Date

CARES Case Gender

CARES PIN County

SSN

Records 20

search clear

Figure 32 Member Search Panel

This user guide explains how to complete a member search using a member's name. Users can search for a member using any of the fields on the Member Search panel but should enter as much information as possible to narrow the results.

If a search returns too many results, a message will indicate that additional criteria must be entered. If a search does not return any results, a "No rows found" message will be displayed in the Search Results panel. Users should ensure that the entered information is accurate and correct any inaccurate information.

Note: If no results are found when searching using a member ID, enter the member's ID in the Previous Member ID field in case the member's ID has changed. If the member is found, the member's information will be displayed with his or her new ID.

The Search Results panel will display 20 results per page by default. To change the number of results that display, select another number from the Records menu.

To clear information from all the fields on the Member Search panel, click **clear**.

2. Enter the member's last name in the Last Name field.

Check the **Sounds-like** box to perform a phonetic search on the member's last name. If the box is unchecked, an exact letter search will be performed.

3. Enter the member's first name in the First Name field.

- Click **search**. If only one member record is found, the Member Information page will be displayed. If multiple member records matching the entered search criteria are found, the records will be displayed in the Search Results panel.

| Member ID | Last Name | First Name | MI | Birth Date | SSN | MBI | Gender | County |
|-----------|-----------|------------|----|------------|-------------|-----|--------|--------|
| 111111111 | MEMBER | IMA | | 06/05/1980 | 333-33-3333 | | F | Dane |
| 555555550 | MEMBER | IMA | | 05/05/1970 | 555-55-5555 | | F | Dane |

Figure 33 Search Results Panel

The member information will be displayed by column (e.g., Member ID, Last Name, First Name). To sort the results, click on a column heading. Clicking a column heading once will sort the results in ascending order by that column. Clicking the column twice will sort the results in descending order.

- Click the applicable member record. The Member Information page will be displayed.

Figure 34 Member Information Page

The Member Information page consists of the following:

- @neTouch sidebar. The @neTouch sidebar contains a “Quick Search” section and a “Recent Searches” section.

- The “Quick Search” section allows users to search for a new member record by entering either a member ID in the Member ID field or a Client Assistance for Reemployment and Economic Support (CARES) case number in the Case Number field and clicking **search**. Users can click **clear** to delete information from the Member ID or Case Number fields or **prev** to return to the Member Search panel.
- The “Recent Searches” section displays the IDs of the last five members for whom users searched. Users can click an ID to populate that member’s information in the Member Information panel. Both search sections can be minimized by clicking the arrow on the right.
- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
 - The *Open Tab* menu provides access to panels that contain more detailed member information.
 - The *Help* menu provides access to information regarding the Member Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
 - The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Member Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.
- Member Information panel.

4.1.1 Member Information Panel

The Member Information panel displays basic data about a member.

| | | | | | |
|-------------------------|-------------------|-------------|----------------|-------------------|-----------------------------|
| Member ID | 111111111 | Name | MEMBER, IMA | Active | Active |
| MCI Ind | Yes | Prev Name | | Linked ID | |
| CARES Pin | 555555555 | CARES Case | 222222222 | Case History | 5202014856 03/24/2017 |
| Medicare Beneficiary ID | | Address | 123 MAIN ST | Benefit Plan | BCSP 03/01/2017-02/28/2018 |
| SSN | 000-00-0000 | Address 2 | | Medicare Cov | |
| Gender | Female | Address 3 | | Managed Care | HMOCM 05/01/2017-02/28/2018 |
| Birth Date | 06/05/1980 | City | MADISON | MC Special Cond | |
| Death Date | | State | WI | TPL | No |
| Age | 38 | Zip | 53703-0000 | Lockin | |
| Race | C - Caucasian | Alt Address | Yes | NH Level of Care | |
| Ethnicity | 00 Not Applicable | Phone | (555) 123-4567 | Patient Liability | |
| Language | ENG - ENGLISH | Phone Type | Home | Deductible | |
| County | 13 - Dane | Add Phone | | Last HlthChk Scrn | |
| Tribal Ind | No | Add Type | Cellular | Last HlthChk Dntl | |

Figure 35 Member Information Panel

The left column displays information such as:

- The *MCI Ind* field. This field indicates whether or not a Master Client Index (MCI) indicator was assigned. The field will indicate *Yes* if the member's ID was assigned from the MCI database and *No* if the member's ID is temporary.
- The *CARES Pin* field. This field indicates the member's CARES personal identification number.
- The member's demographic data.

The middle column displays information such as:

- The member's name and previous name, if applicable.
- The member's CARES case number.
- The member's contact information.

The right column displays applicable member enrollment information such as:

- The *Active* field. This field indicates *Active* if the ID in the Member ID field is current or *Inactive* if the ID is no longer used. If *Inactive* is displayed and the member has a more current ID, the most current ID would be displayed in the Linked ID field.

Note: Throughout this user guide, an *Active* status indicates that the displayed information is current. An *Inactive* or *History* status indicates that the displayed information is no longer used or is invalid. Inactive or historical information is maintained for informational or auditing purposes only.

- The *Linked ID* field. This field displays a member's active ID if the member ID that was used to search for the member is inactive.

| | | | | | |
|-------------------------|-------------------|-------------|----------------|-------------------|-----------------------------|
| Member ID | 111111111 | Name | MEMBER, IMA | Active | Inactive |
| MCI Ind | Yes | Prev Name | | Linked ID | 0987654321 |
| CARES Pin | 555555555 | CARES Case | 222222222 | Case History | 5202014856 03/24/2017 |
| Medicare Beneficiary ID | | Address | 123 MAIN ST | Benefit Plan | BCSP 03/01/2017-02/28/2018 |
| SSN | 000-00-0000 | Address 2 | | Medicare Cov | |
| Gender | Female | Address 3 | | Managed Care | HMOCM 05/01/2017-02/28/2018 |
| Birth Date | 06/05/1980 | City | MADISON | MC Special Cond | |
| Death Date | | State | WI | TPL | No |
| Age | 38 | Zip | 53703-0000 | Lockin | |
| Race | C - Caucasian | Alt Address | Yes | NH Level of Care | |
| Ethnicity | 00 Not Applicable | Phone | (555) 123-4567 | Patient Liability | |
| Language | ENG - ENGLISH | Phone Type | Home | Deductible | |
| County | 13 - Dane | Add Phone | | Last HlthChk Scrn | |
| Tribal Ind | No | Add Type | Cellular | Last HlthChk Dntl | |

Figure 36 Example of an Inactive and Linked ID

- The *Case History* menu. This menu displays the case ID with which the member is associated and the date(s) that the member's case ID was applied to interChange.
- The *Benefit Plan* menu. This menu displays the benefit plan(s) in which a member is or was enrolled. The field includes a benefit plan code and the effective dates of each plan.

Note: An end date of 12/31/2299 signifies an open end date.

- The *Medicare Cov* field. This displays the member's current Medicare coverage. The field may show one or more of the following:
 - A indicates Medicare Part A.
 - B indicates Medicare Part B.
 - D indicates Medicare Part D.

The field will be blank if the member does not have current coverage.

- The *Managed Care* field. This field indicates if the member is enrolled in a BadgerCare Plus HMO, Medicare Supplemental Security Income (SSI) HMO, Family Care, Program for All Inclusive Care for the Elderly, Family Care Partnership, or a children's health managed care plan (e.g., Children Come First, Wraparound Milwaukee). The field also displays the effective and end dates of the member's enrollment.
- The *MC Special Cond* field. This displays the member's Managed Care Special Condition level of care (LOC) if he or she is enrolled in a long term care managed care program and/or the member's exemption information, if applicable. The field also displays the effective and end dates related to the member's LOC or exemption.
- The *TPL* field. This displays a *Yes* or a *No* to indicate whether or not the member has current third party (private) insurance coverage.

- The *Lockin* field. This field indicates if the member is restricted to specific providers or if the member is enrolled in a hospice program. If a lock in is in effect, the effective and end dates will also be displayed.
- The *NH Level of Care* field. This field displays nursing home LOC codes not related to managed care. The field also displays the effective and end dates of the member's LOC authorization.
- The *Patient Liability* field. This field displays the monthly institutional liability or waiver cost share amounts the member must contribute to his or her cost of care. The field also displays the effective and end dates of the cost share.
- The *Deductible* field. This field indicates the member's current SeniorCare deductible and the effective and end dates for which the member's SeniorCare deductible was applied. This field does not apply to private insurance. For more information about a Medicaid deductible or spenddown, refer to the [Case Spenddown panel](#) under Section 4.2 Case Search.
- The *Last HlthChk Scrn* field. This field displays the date of the member's last HealthCheck screening.
- The *Last HlthChk Dntl* field. This field displays the date of the member's last dental screening that was provided as a HealthCheck service.

4.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu displays seven different menu options; however, only the Member, Managed Care, Medicare, SSI, and Waiver Enrollment menu options are available.

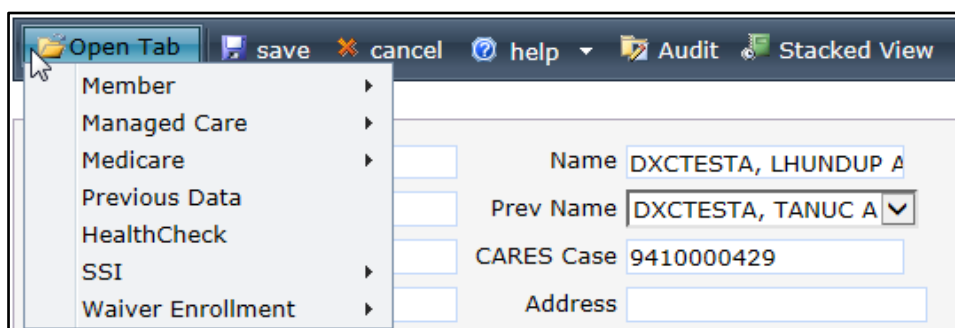


Figure 37 Open Tab Menu

Member Menu

Hover over Member on the Open Tab menu to display menu options for panels containing a member's alternate address, base information, benefit plan enrollment, and patient liability information.

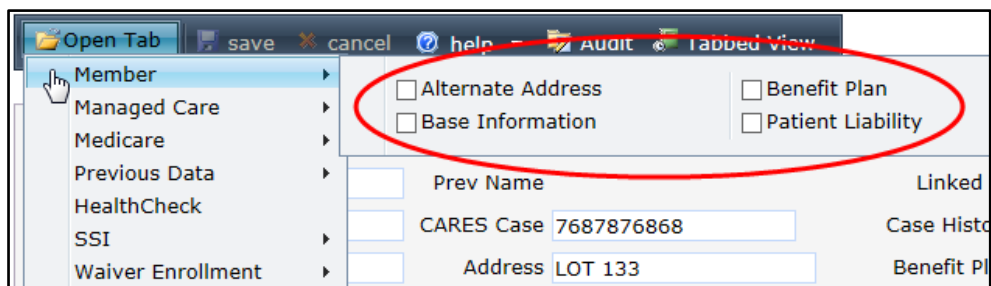


Figure 38 Member Menu

Panels listed under menus operate under the following principles:

- Clicking a panel name will open the selected panel.
- Checking the box next to the panel name causes the panel to display automatically each time that menu is accessed, even in subsequent Portal sessions.
- Panel names that are highlighted indicate the panel is currently open.
- Panel names that are italicized indicate the panel is inaccessible to the user.

Alternate Address Panel

Note: If information is not available for a selected panel, a “No rows found” message will be displayed at the top of the panel.

The Alternate Address panel displays any addresses besides the member's main address to which the member may have requested his or her Protected Health Information (PHI) or other program correspondence and materials be sent.

1. Select **Alternate Address** from the Member menu. The Alternate Address panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'Alternate Address' panel. At the top, there is a table with columns: Contact Type, Name, Name Suffix, Address 1, Address 2, City, State, Zip, Zip 4, County, Phone, and Ext. The first row is highlighted in yellow and contains the following data: Household Residence, IM A MEMBER, 123 FIRST ST, ANYTOWN, WI, 55555, (555)234-5678. Below the table, there is a form to edit the selected row. The form has two columns. The left column contains: Contact Type (dropdown menu showing 'Household Residence'), Name (text input with 'IM' and 'A' buttons), Name Suffix (text input with 'MEMBER' button), Phone (text input with '(555)234-5678'), Phone Type (dropdown menu showing 'Home'), Add Phone (text input), Add Phone Type (dropdown menu showing 'No Phone'), and Email (text input). The right column contains: Relationship (dropdown menu showing 'Other'), Address 1 (text input), Address 2 (text input with '123 FIRST STREET'), Address 3 (text input), City (text input with 'ANYTOWN'), State (dropdown menu showing 'WI'), Zip (text input with '55555'), and County (dropdown menu). At the bottom right of the form, there are two buttons: 'delete' and 'add'.

Figure 39 Alternate Address Panel

The Alternate Address panel may include the following information:

- The *Contact Type* field displays the type of address being displayed such as *ADAP*, *Emergency Contact*, *Mailing Address*, etc.
- The *Relationship* field displays the contact's relationship to the member.
- The *Name*, *Email*, *Phone*, and *Address* fields display demographic information for the contact.
- The *Phone Type* field can indicate either the person the telephone belongs to, such as a neighbor's telephone or a spouse's work phone, or the type of telephone, such as a cell phone or a fax.

Base Information Panel

The Base Information panel displays basic information about a member.

1. Select **Base Information** from the Member menu. The Base Information panel will be displayed.

The screenshot displays the Base Information Panel for a member. The form is organized into two columns. The left column contains fields for Member ID (0987654321), MCI Ind (N), CARES Pin (0000000000), CARES Case (0000000000), SSN (888-88-8890), Gender (dropdown), Birth Date (12/31/1980), Death Date, and checkboxes for Asian, Black, Native American, Native Hawaiian, and White. Below these are Ethnicity (09 Ethnicity Unknown), Language (UNDETERMINED), County (Dane), and Tribal Ind. The right column contains fields for Last Name (MEMBER), First Name (IM A.), MI, Name Suffix (dropdown), Address, Address 2 (123 MAIN ST.), Address 3, City (ANYTOWN), State (WI), Zip (55555), Phone, Phone Type (No Phone), Add Phone Number, Add Phone Type (No Phone), Marital Status, Living Arrangement (Foster Hom), and Migrant Worker. A 'Clear MCI' button is located in the bottom right corner.

Figure 40 Base Information Panel

Benefit Plan Panel

1. Select **Benefit Plan** from the Member menu. The Benefit Plan panel will be displayed.

Note: A member may be enrolled in multiple benefit plans during the same period.

- Click the applicable row to populate information in the fields on the panel. A row(s) displaying the medical status code(s) assigned to the member for the eligible benefit plan(s) will be added to the “Medical Status Code Data” section.

The screenshot shows the 'Benefit Plan' panel. At the top, there is a search bar with 'Status' set to 'Active Only' and a 'Benefit Plan' dropdown. Below this is a table of benefit plans with columns: Benefit Plan, Status, Stop Reason, Plan Type, Financial Payer, Effective Date, End Date, and Worker ID. The table contains three rows of data. Below the table is a form to add a new benefit plan entry, with fields for Benefit Plan, Status, Stop Reason, Plan Type, Financial Payer, Effective Date, End Date, and Worker ID. At the bottom, there is a section titled 'Medical Status Code Data-' which contains a table with columns: Medical Status Code, Effective Date, End Date, Agency, Site, and Status. Below this table is a form to add a new medical status code entry, with fields for Medical Status Code, Status, Effective Date, End Date, and Agency.

| Benefit Plan | Status | Stop Reason | Plan Type | Financial Payer | Effective Date | End Date | Worker ID |
|--------------|--------|--------------------|-----------|-----------------|----------------|------------|-----------|
| MCD Medicaid | Active | | BNFT | 1 Medicaid | 01/01/2014 | 12/31/2299 | ABC123 |
| MCD Medicaid | Active | Benefit Plan Ended | BNFT | 1 Medicaid | 09/01/2004 | 05/31/2006 | ABC123 |
| MCD Medicaid | Active | Benefit Plan Ended | BNFT | 1 Medicaid | 02/01/2003 | 08/31/2003 | ABC123 |

| Medical Status Code | Effective Date | End Date | Agency | Site | Status |
|---------------------|----------------|------------|--------|------|--------|
| 04 Aged, cat ndy | 01/01/2014 | 12/31/2299 | | | Active |

Figure 41 Benefit Plan Panel

The Benefit Plan panel may include the following information:

- The *Status* menu defaults to display Active Only benefit plans.
 - To see inactive benefit plan enrollments, select **History Only** from the Status menu and click **search**.
 - To see both Active Only and History Only benefit plans, select **All** from the Status menu and click **search**.
- The *Benefit Plan* field displays benefit plans in which a member is or has been enrolled.
- The *Status* field indicates if the status of the benefit plan displayed is *Active* or *History*.
- The *Stop Reason* field displays a description of why a member's enrollment was terminated. The information in this field is not currently used and may not accurately reflect why the member's enrollment was stopped.
- The *Plan Type* field displays a code that identifies the type of plan in which the member is enrolled. The plan type will always be *Benefit*.

- The *Financial Payer* field displays the unique program under which the claims transactions are processed. Examples include Wisconsin Medicaid, Wisconsin Chronic Disease Program (WCDP), and the Wisconsin Well Woman Program (WWWP).
 - The *Effective Date* field displays the date that the member's benefit plan enrollment began.
 - The *End Date* field displays the date that the member's benefit plan enrollment ended or will end.
 - The *Worker ID* field displays the assigned ID of the certifying or coordinating agency's worker that was submitted during the member's enrollment period.
3. Click the row containing the applicable medical status code to populate information in the "Medical Status Code Data" section.

Benefit Plan X

Status: Benefit Plan:

| Benefit Plan | Status | Stop Reason | Plan Type | Financial Payer | Effective Date | End Date | Worker ID |
|--------------|--------|--------------------|-----------|-----------------|----------------|------------|-----------|
| MCD Medicaid | Active | | BNFT | 1 Medicaid | 01/01/2014 | 12/31/2299 | ABC123 |
| MCD Medicaid | Active | Benefit Plan Ended | BNFT | 1 Medicaid | 09/01/2004 | 05/31/2006 | ABC123 |
| MCD Medicaid | Active | Benefit Plan Ended | BNFT | 1 Medicaid | 02/01/2003 | 08/31/2003 | ABC123 |

Benefit Plan: Effective Date:
 Status: End Date:
 Stop Reason:
 Plan Type:
 Financial Payer: Worker ID:

-Medical Status Code Data-

| Medical Status Code | Effective Date | End Date | Agency | Site | Status |
|---------------------|----------------|------------|--------|------|--------|
| 04 Aged, cat ndy | 01/01/2014 | 12/31/2299 | | | Active |

Medical Status Code:
 Medical Status Code Status:
 Medical Status Code Effective Date:
 Medical Status Code End Date:
 Agency:

Figure 42 Medical Status Code Data Section

The "Medical Status Code Data" section may include the following information:

- The *Medical Status Code* field displays a code that represents the type or category of medical assistance for which the member was determined eligible and is enrolled for that benefit plan period.
- The *Medical Status Code Status* field indicates *Active* or *History*.
- The *Medical Status Code Effective Date* field displays the first date for which a member became eligible for the selected category of medical assistance.

- The *Medical Status Code End Date* field displays the last date for which a member is or was eligible for the selected category of medical assistance.
- The *Agency* field displays the name and location code of the member's certifying or coordinating agency assigned to the selected medical status code.

Patient Liability Panel

The Patient Liability panel displays the monthly institutional liability or waiver cost share amount the member must contribute to his or her cost of care.

1. Select **Patient Liability** from the Member menu. The Patient Liability panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| Patient Liability | | | | | | |
|-------------------|--------------------|-------------------|-----------------|----------------|------------|--|
| Monthly Amount | Benefit Plan Group | Waiver Group Type | Financial Payer | Effective Date | End Date | |
| \$321.50 | WAIVER COST SHARE | Group B | Medicaid | 10/01/2017 | 07/31/2018 | |

| | | | |
|--------------------|--|----------------|---|
| Monthly Amount | <input type="text" value="\$321.50"/> | Effective Date | <input type="text" value="10/01/2017"/> |
| Benefit Plan Group | <input type="text" value="WAIVER COST SHARE"/> | End Date | <input type="text" value="07/31/2018"/> |
| Waiver Group Type | <input type="text" value="Group B"/> | | |
| Financial Payer | <input type="text" value="Medicaid"/> | | |

Figure 43 Patient Liability Panel

The Patient Liability panel may include the following information:

- The *Monthly Amount* field displays the patient's financial liability amount that must be paid toward the cost of institutional care.
- The *Benefit Plan Group* field displays the benefit program in which the member is enrolled.
- The *Waiver Group Type* field displays the code which identifies the calculation methodology used to determine the waiver cost share of the member.
- The *Financial Payer* field displays the program under which claims transactions are processed such as Medicaid, WCDP, or WWWP.
- The *Effective Date* and *End Date* fields display the time period in which the patient's amount is effective.

Managed Care Menu

Hover over Managed Care on the Open Tab menu to display managed care menu options.

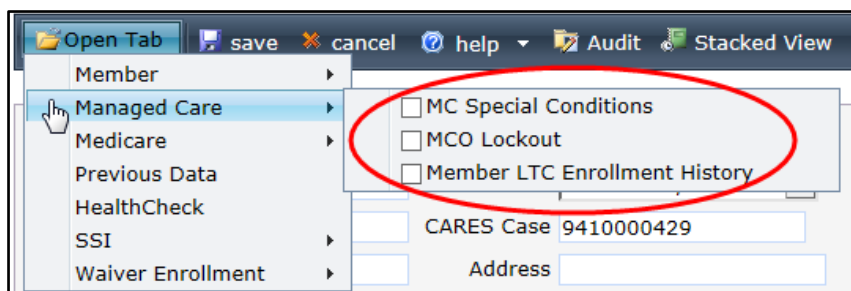


Figure 44 Managed Care Menu

MC Special Conditions Panel

The MC Special Conditions panel displays any managed care special condition codes associated with a member. Through the MC Special Conditions panel, users can change, add, or delete a member's information.

1. Select **MC Special Conditions** from the Managed Care menu. The MC Special Conditions panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| Special Condition Code | Effective Date | End Date | Frail Elder | Phys Disability | Dev Disability Federal | Dev Disability State | Alz Or Oth Irrever Dema | Terminal Cond | Sev Persist Mental Ill | No Target Group |
|--|----------------|------------|-------------|-----------------|------------------------|----------------------|-------------------------|---------------|------------------------|-----------------|
| L06 - Nursing Home Level of Care (MA) | 10/16/2014 | 10/31/2015 | Yes | No | No | No | Yes | No | No | No |
| SNF - CCE/CLA/ECO - Skilled Nursing Facility | 01/01/2011 | 10/15/2014 | | | | | | | | |

Special Condition Code: L06 - Nursing Home Level of Care (MA)

Effective Date: 10/16/2014

End Date*: 10/31/2015

Dev Disability State: No

Terminal Cond: No

No Target Group: No

Frail Elder: Yes

Phys Disability: No

Dev Disability Federal: No

Alz Or Oth Irrever Dema: Yes

Sev Persist Mental Ill: No

delete add

Figure 45 MC Special Conditions Panel

The MC Special Conditions panel may include the following information:

- The *Special Condition Code* field displays a code that indicates one of the following:
 - o The member's Managed Care Special Condition LOC if he or she is enrolled in a long term care managed care program.
 - o The reason the member is exempted from enrollment.
 - o The standard capitation rate should be overridden.
- The *Effective Date* and *End Date* fields display the time period in which the special condition code is in effect.

The Special Condition Code and date fields are the only fields that can be manually updated. The remaining fields are populated with the LOCs from the FSIA file and cannot be updated.

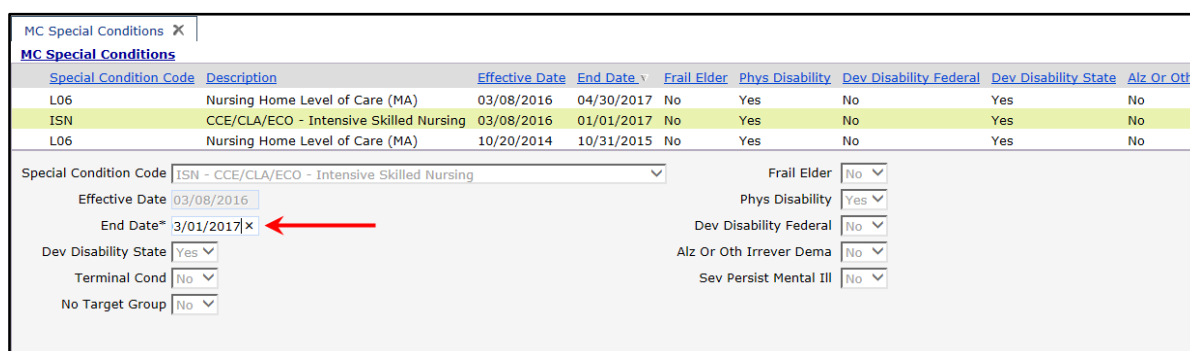
- The *Dev Disability State* field indicates if the member has a developmental disability according to a state indicator.
- *Terminal Cond* indicates if the member's disability is considered terminal.
- The *No Target Group* field indicates if a member is not identified in a targeted group.

The fields on the right are used to indicate the targeted groups with which the member is identified:

- The *Frail Elder* field indicates if the member is elderly and frail.
- The *Phys Disability* field indicates if the member has a physical disability.
- The *Dev Disability Federal* field indicates if the member has a developmental disability per federal indicator.
- The *Alz Or Oth Irrever Dema* field indicates if the member has Alzheimer's disease or other irreversible dementia.
- The *Sev Persist Mental Ill* field indicates if the member has severe and persistent mental illness.

Change End Date

1. Click the applicable row to populate information in the fields at the bottom of the panel.



MC Special Conditions X

MC Special Conditions

| Special Condition Code | Description | Effective Date | End Date | Frail Elder | Phys Disability | Dev Disability Federal | Dev Disability State | Alz Or Oth |
|------------------------|---|----------------|------------|-------------|-----------------|------------------------|----------------------|------------|
| L06 | Nursing Home Level of Care (MA) | 03/08/2016 | 04/30/2017 | No | Yes | No | Yes | No |
| ISN | CCE/CLA/ECO - Intensive Skilled Nursing | 03/08/2016 | 01/01/2017 | No | Yes | No | Yes | No |
| L06 | Nursing Home Level of Care (MA) | 10/20/2014 | 10/31/2015 | No | Yes | No | Yes | No |

Special Condition Code: ISN - CCE/CLA/ECO - Intensive Skilled Nursing

Effective Date: 03/08/2016

End Date*: 3/01/2017 X

Dev Disability State: Yes

Terminal Cond: No

No Target Group: No

Frail Elder: No

Phys Disability: Yes

Dev Disability Federal: No

Alz Or Oth Irrever Dema: No

Sev Persist Mental Ill: No

Figure 46 MC Special Conditions Panel

2. Enter the changed end date.

- Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the updated end date will be displayed in the applicable row at the top of the MC Special Conditions panel.

Open Tab save cancel help Audit Stacked View

The following messages were generated:

Message Description

Save was Successful

Member ID 222222222 Name TEST, CDLTC A Active Active

MCI Ind Yes Prev Name Linked ID

CARES Pin 111111111 CARES Case 1212121212 Case History 62017

Medicare Beneficiary ID Address 123 MAIN Benefit Plan BCSP

SSN 888-88-8888 Address 2 Medicare Cov

Gender Female Address 3 Managed Care HMOM

Birth Date 12/15/1960 City MADISON MC Special Cond L06 10

Death Date State WI TPL No

Age 57 Zip 53704-0000 Lockin

Race C - Caucasian Alt Address Yes NH Level of Care

Ethnicity 00 Not Applicable Phone (608) 222-2222 Patient Liability

Language ENG - ENGLISH Phone Type Home Deductible

County 13 - Dane Add Phone Last HlthChk Scrn

Tribal Ind No Add Type No Phone Last HlthChk Dntl

MC Special Conditions X

MC Special Conditions

| Special Condition Code | Description | Effective Date | End Date | Frail Elder | Phy |
|------------------------|---|----------------|------------|-------------|-----|
| L06 | Nursing Home Level of Care (MA) | 03/08/2016 | 04/30/2017 | No | Yes |
| ISN | CCE/CLA/ECO - Intensive Skilled Nursing | 03/08/2016 | 03/01/2017 | No | Yes |
| L06 | Nursing Home Level of Care (MA) | 10/20/2014 | 10/31/2015 | No | Yes |

Special Condition Code ISN - CCE/CLA/ECO - Intensive Skilled Nursing

Effective Date 03/08/2016

End Date* 03/01/2017

Dev Disability State Yes

Terminal Cond No

No Target Group No

End date has changed.

Figure 47 Confirmation Message

Add New Information

1. Click **add** on the MC Special Conditions panel. A row will be added to the top of the MC Special Conditions panel.

| Special Condition Code | Description | Effective Date | End Date | Frail Elder | Phys Disability | Dev Disability Federal | Dev Disability State | Alz Or Oth Irrever Dema | Terminal Cond | Sev Persist Mental Ill | No Target |
|------------------------|---|----------------|------------|-------------|-----------------|------------------------|----------------------|-------------------------|---------------|------------------------|-----------|
| L06 | Nursing Home Level of Care (MA) | 03/08/2016 | 04/30/2017 | No | Yes | No | Yes | No | No | No | No |
| ISN | CCE/CLA/ECO - Intensive Skilled Nursing | 03/08/2016 | 03/01/2017 | No | Yes | No | Yes | No | No | No | No |
| L06 | Nursing Home Level of Care (MA) | 10/20/2014 | 10/31/2015 | No | Yes | No | Yes | No | No | No | No |

Special Condition Code* Frail Elder

Effective Date* Phys Disability

End Date* Dev Disability Federal

Dev Disability State Alz Or Oth Irrever Dema

Terminal Cond Sev Persist Mental Ill

No Target Group

delete add

Figure 48 MC Special Conditions Panel with Added Row

Only the Special Condition Code, Effective Date, and End Date fields will be activated.

2. Select the applicable special condition code from the Special Condition Code drop-down menu.
3. Enter the effective date of the special condition code.
4. Enter the end date of the special condition code. If there is no specific end date, enter 12/31/2299.

- Click **save** located in the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the new information will be displayed in the added row at the top of the MC Special Conditions panel.

The following messages were generated:

Message Description

Save was Successful

Member ID 222222222 Name TEST, CDLTC A

MCI Ind Yes Prev Name

CARES Pin 111111111 CARES Case 1212121212 Case

Medicare Beneficiary ID 777-77-7777 Address 123 MAIN Bene

SSN 888-88-8888 Address 2 Medica

Gender Female Address 3 Manage

Birth Date 12/15/1960 City MADISON MC Speci

Death Date State WI

Age 57 Zip 53704-0000

Race C - Caucasian Alt Address Yes NH Level

Ethnicity 00 Not Applicable Phone (608) 222-2222 Patient I

Language ENG - ENGLISH Phone Type Home Dec

County 13 - Dane Add Phone Last HlthC

Tribal Ind No Add Type No Phone Last HlthC

MC Special Conditions X

MC Special Conditions

| Special Condition Code | Description | Effective Date | End Date |
|------------------------|---|----------------|------------|
| E84 | Birth to Three | 01/01/2018 | 12/31/2299 |
| L06 | Nursing Home Level of Care (MA) | 03/08/2016 | 04/30/2017 |
| ISN | CCE/CLA/ECO - Intensive Skilled Nursing | 03/08/2016 | 03/01/2017 |
| L06 | Nursing Home Level of Care (MA) | 10/20/2014 | 10/31/2015 |

Special Condition Code E84 - Birth to Three

Effective Date 01/01/2018

End Date* 12/31/2299

LOC added.

Figure 49 Save Confirmation

Delete Information

- Click the row to be deleted.

MC Special Conditions X

| Special Condition Code | Effective Date | End Date | Frail Elder | Phys Disability | Dev Disability Federal | Dev Disability State | Alz Or Oth Irrever Dema | Terminal Cond | Sev Persist Mental Ill | No Target Group |
|----------------------------|----------------|------------|-------------|-----------------|------------------------|----------------------|-------------------------|---------------|------------------------|-----------------|
| E84 - Birth to Three | 01/01/2009 | 12/31/2009 | | | | | | | | |
| E73 - Commercial Insurance | 01/01/2006 | 01/31/2008 | | | | | | | | |

Special Condition Code E84 - Birth to Three

Effective Date 01/01/2009

End Date* 12/31/2009 X

Dev Disability State

Terminal Cond

No Target Group

Frail Elder

Phys Disability

Dev Disability Federal

Alz Or Oth Irrever Dema

Sev Persist Mental Ill

delete add

Figure 50 MC Special Conditions Panel

- Click **delete**. A dialog box will be displayed.

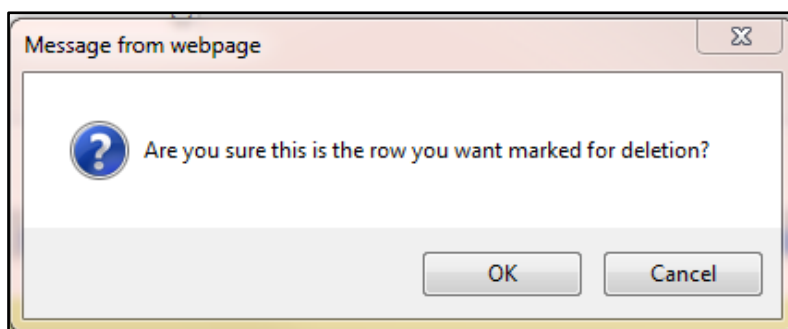


Figure 51 Dialog Box

- Click **OK**. A *D* will be added to the beginning of the row marked for deletion.

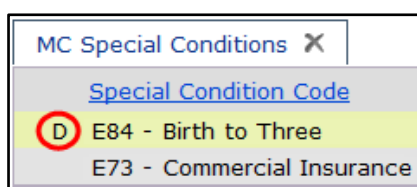


Figure 52 MC Special Conditions Panel with Row Marked for Deletion

- Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the marked row will be deleted from the MC Special Conditions panel.

MCO Lockout Panel

The MCO Lockout panel indicates any MCO in which a member should not be enrolled.

- Select **MCO Lockout** from the Managed Care menu. The MCO Lockout panel will be displayed.
- Click a row to populate information in the fields on the panel.

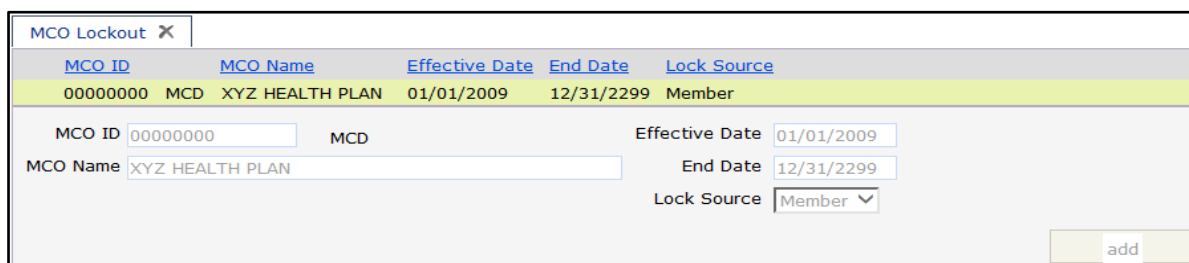


Figure 53 MCO Lockout Panel

The MCO Lockout panel may include the following information:

- The *MCO ID* field displays a unique number that identifies a specific MCO.
- The *MCO Name* field displays the MCO's business name.

- The *Effective Date* and *End Date* fields display the dates when a member cannot be enrolled in a specific MCO.
- The *Lock Source* field displays who requested the lockout (e.g., provider or member).

Member LTC Enrollment History Panel

The Member LTC Enrollment History panel lists all active and inactive LTC enrollments for a member.

1. Select **Member LTC Enrollment History** from the Managed Care menu. Click the Member LTC Enrollment History tab.
2. Click the applicable row to populate the panel with information on the selected segment.

| MCO ID | MCO Name | MC Program | MC Service Area | Effective Date | End Date | Lock-In Date | Status |
|----------|-------------------------|-------------|-----------------------|----------------|------------|--------------|----------|
| 99999999 | XYZ HEALTHPLAN | Family Care | State Wide Enrollment | 01/01/2015 | 12/30/2016 | | Inactive |
| 88888888 | TRADITIONS HEALTH, INC. | Family Care | State Wide Enrollment | 11/01/2015 | 12/31/2299 | | Active |

MC Program: Family Care
 MCO Name: XYZ HEALTHPLAN
 MCO ID: 99999999 - XYZ HEALTHPLAN
 MC Service Area: State Wide Enrollment
 Start Reason:
 Stop Reason:
 Effective Date: 01/01/2015
 End Date: 12/30/2016
 Lock-In Date:
 Status: Inactive
 Enrollment Source: Health Care Authority ☐ ☐
 add

Figure 54 Member LTC Enrollment History Panel

The Member LTC Enrollment History panel may include the following information:

- The *MC Program* field describes the managed care program in which the member is enrolled.
- The *MCO Name* field displays the business name of the MCO.
- The *MCO ID* field uniquely identifies a MCO.
- The *MC Service Area* field displays the MC service area in which the member resides.
- The *Start Reason* field displays a code that describes why the member was enrolled in a MCO. Since iC often sets the start reason, it may not accurately represent why the member was enrolled in the MCO.
- The *Stop Reason* field displays a code that describes why the member is no longer enrolled in a MCO. Since iC often sets the stop reason, it may not accurately represent why the member was disenrolled from the MCO.
- The *Effective Date* and *End Date* fields display the first and last day of the member's MCO enrollment.
- The *Lock-In Date* field displays the last date of a member's lock-in period, if applicable. During the lock-in period, a member cannot change his or her MCO enrollment.

- The *Status* field indicates an *Active* or *Inactive* status of a member's MCO enrollment. If an *Inactive* status is displayed, the inactive enrollment period may have been replaced with an active enrollment or an exemption was added to the member's file.
- The *Enrollment Source* field identifies how the MCO enrollment record was assigned to the member such as *Health Care Authority* (i.e., the enrollment was entered manually by an enrollment broker or another authorized person).

Change End Date

1. Click the row to be updated. The fields on the panel will populate with information for the selected segment.
2. Enter the new end date in the End Date field.

| MCO ID | MCO Name | MC Program | MC Service Area | Effective Date | End Date | Lock-In Date | Status |
|----------|-----------------------------|-------------|-----------------------|----------------|------------|--------------|----------|
| 99999999 | MCD XYZ HEALTHPLAN | Family Care | State Wide Enrollment | 01/01/2015 | 12/30/2016 | | Inactive |
| 88888888 | MCD TRADITIONS HEALTH, INC. | Family Care | State Wide Enrollment | 11/01/2015 | 12/30/2299 | | Active |

| | | | |
|-----------------|--|-------------------|---|
| MC Program | <input type="text" value="Family Care"/> | Effective Date | <input type="text" value="01/01/2015"/> |
| MCO Name | <input type="text" value="XYZ HEALTHPLAN"/> | End Date* | <input type="text" value="10/31/2015"/> |
| MCO ID | <input type="text" value="99999999 - XYZ HEALTHPLAN"/> | Lock-In Date | <input type="text" value="12/21/2015"/> |
| MC Service Area | <input type="text" value="State Wide Enrollment"/> | Status | <input type="text" value="Inactive"/> |
| Start Reason | <input type="text"/> | Enrollment Source | <input type="text" value="Conversion"/> |
| Stop Reason | <input type="text"/> | | |

Figure 55 Change End Date

3. Click the **Stop Reason** arrow to view the menu options.

| MCO ID | MCO Name | MC Program |
|------------|---------------------------------|------------|
| M 69009025 | MCD XYZ COMMUNITY CARE ORG MILW | PACE |
| 69009070 | MCD ABC COMMUNITY CARE | Trans |

| | |
|-----------------|---|
| MC Program | <input type="text" value="Family Care"/> |
| MCO Name | <input type="text" value="XYZ HEALTHPLAN"/> |
| MCO ID | <input type="text" value="99999999 - XYZ HEALTHPLAN"/> |
| MC Service Area | <input type="text" value="State Wide Enrollment"/> |
| Start Reason | <input type="text"/> |
| Stop Reason | <div> 7D - Choosing FFS MA 7C - Choosing New Option 7L - Customer Service Issue with MCO/ICA 7E - Dissatisfied with Cost Share 7K - Invalid Setting 7G - Member Acts that Jeopardize MCO Staff 70 - Moved to Another Service Region 7M - NH/Hospice Services/Institutional Care 7F - No Contact or No Longer Accepting Services 72 - No Reason Provided 7J - Nonpayment of Cost Share 7A - Provider Network Concern/Access Concern 7B - Services/Care Plan Concern 7H - Unable to Assure Member Safety 7I - Your Medicare Health Plan Has Changed </div> |

Figure 56 Stop Reason Menu

4. Select the applicable stop reason from the drop-down menu.
5. Click **save** located in the navigation toolbar. In some cases, a message will be displayed under the navigation toolbar asking if you want to go ahead with the change.

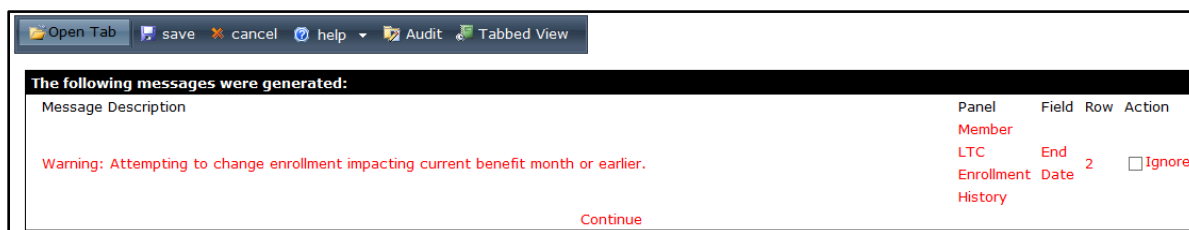


Figure 57 Warning Message

6. Check the **Ignore** box.
7. Click **Continue**. A confirmation message will be displayed under the navigation toolbar, and the applicable row in the Member LTC Enrollment History panel will be updated.

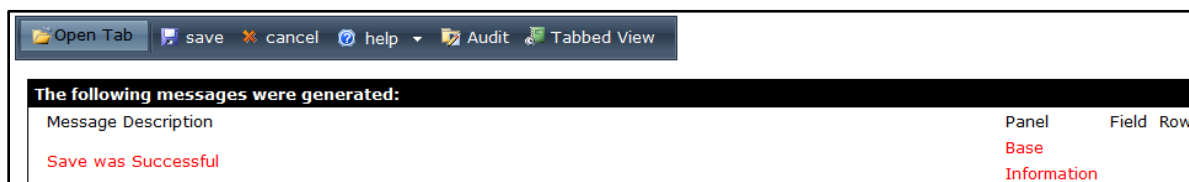


Figure 58 Save Successful

Change Status

1. Click the row to be updated. The fields on the panel will populate with information for the selected segment.

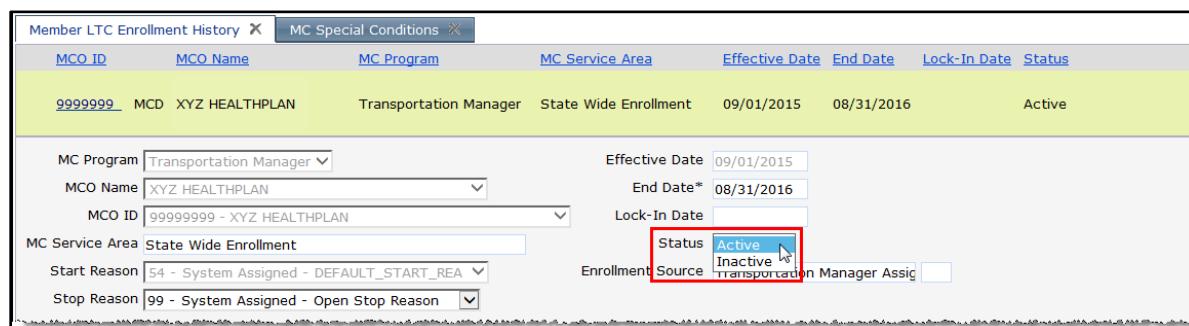


Figure 59 Change Status

2. Click the **Status** arrow to view the menu options.
3. Select the applicable status.
4. Click **save** located in the navigation toolbar. If there are no warning messages, a confirmation message will be displayed under the navigation toolbar, and the applicable row in the Member LTC Enrollment History panel will be updated.

Add New Information

1. Click **add**. A row will be added to the top of the Member LTC Enrollment History panel. Dates will automatically populate the Effective Date and End Date fields. The Status field will default to *Active*, and the Enrollment Source field will default to *Health Care Authority*.

The screenshot shows the 'Member LTC Enrollment History' panel. At the top, there's a tab for 'MC Special Conditions'. Below it is a table with columns: MCO ID, MCO Name, MC Program, MC Service Area, Effective Date, End Date, Lock-In Date, and Status. The table contains several rows of enrollment data. Below the table is a form to add a new row. The form includes fields for MC Program*, Effective Date*, End Date*, Lock-In Date, MC Service Area, Status (dropdown), Start Reason (dropdown), Stop Reason (dropdown), and Enrollment Source (Health Care Authority). A red arrow points to the 'add' button at the bottom right of the form.

| MCO ID | MCO Name | MC Program | MC Service Area | Effective Date | End Date | Lock-In Date | Status |
|----------|--------------------------|------------------------|-----------------------|----------------|------------|--------------|----------|
| 99999999 | MCD XYZ HEALTHPLAN | Transportation Manager | State Wide Enrollment | 11/01/2015 | 12/31/2299 | | Active |
| 99999999 | MCD TRADITION HEALTHPLAN | Transportation Manager | State Wide Enrollment | 10/01/2015 | 04/30/2016 | | Active |
| 99999999 | MCD CARE HEALTHPLAN | Family Care | State Wide Enrollment | 02/01/2015 | 12/31/2299 | | Inactive |
| 99999999 | MCD PHYSICIANS HEALTH | HMO - Medical | COUNTY 13 ZIP 53704 | 12/01/2014 | 12/31/2299 | 11/30/2015 | Inactive |

Figure 60 Member LTC Enrollment History Panel with Added Row

2. Enter an effective date and/or an end date if the dates of the member's enrollment differ from the populated dates.
3. Select the MC program from the drop-down menu.

The screenshot shows the 'Member LTC Enrollment History' panel. The 'MC Program*' dropdown menu is open, displaying a list of programs: Care4Kids, Children Come First, Family Care, PACE/Partnership, Transportation Manager, and Wraparound Milwaukee. The 'MC Service Area' is set to 'Transportation Manager'.

Figure 61 MC Programs

4. Select the MCO Name from the drop-down menu. If either Family Care or PACE/Partnership is selected, the MCO Name field will be populated with all the distinct MCO names for the MC program selected.

| | |
|-----------------|--|
| MCO Name* | TRADITIONS HEALTH PLAN, INC. |
| MCO ID* | XYZ HEALTH PLAN, INC. |
| MC Service Area | ABC HEALTH PLAN HEALTHCARE PLAN XYZ |

Figure 62 MCO Names for Selected MC Program

5. Select the MCO ID from the drop-down menu. The MCO ID field will be populated with all the MCO IDs, associated names within the member's service area (based on the county where the member resides unless a court-ordered placement exists in another county), and with *Other*.

| | |
|-----------------|---|
| MCO Name* | XYZ HEALTH PLAN, INC. |
| MCO ID* | 00000000 - XYZ HEALTH PLAN, INC. |
| MC Service Area | 12121212 - XYZ HEALTH PLAN, INC. |
| Start Reason | 12345678 - XYZ HEALTH PLAN, INC. |
| | 87654321 - XYZ HEALTH PLAN, INC. - DANE |

Figure 63 MCO IDs and Names within the Member's Service Area

- a. If a MCO name is selected that does not have any MCO IDs within the service area, the only thing listed in the MCO ID field will be *Other*.

If *Other* is selected, the list will be refreshed to display all the MCO IDs and associated names outside the member's service area.

- b. Select the applicable MCO ID from the MCO ID drop-down menu. Whichever MC program is selected, the MC Service Area field will populate when the record is saved.

Note: If a mistake is made, click **Cancel** on the Member Maintenance panel and return to step 1.

6. Select a start reason from the Start Reason drop-down menu.
7. Click **save** located in the navigation toolbar. A confirmation message will be displayed under the navigation toolbar and the new information will be displayed in the added row in the Member LTC Enrollment History panel.

Medicare Menu

Hover over Medicare on the Open Tab menu to display menu options for panels containing a member's Medicare information.

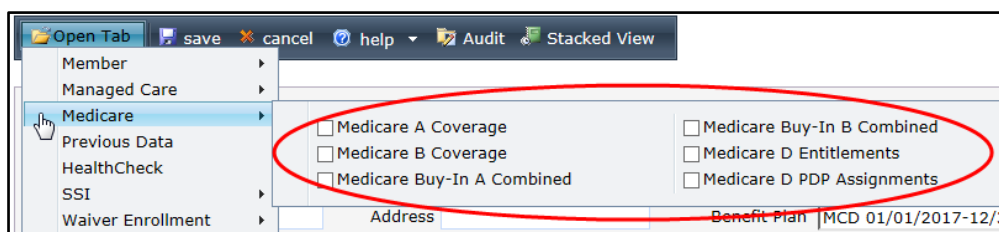


Figure 64 Medicare Menu

Medicare A Coverage or Medicare B Coverage Panels

Note: Since the fields for the Medicare A Coverage and Medicare B Coverage panels are the same, this user guide uses Medicare A Coverage examples.

1. Select **Medicare A Coverage** or **Medicare B Coverage** from the Medicare menu. The Medicare A Coverage or Medicare B Coverage panel will be displayed
2. Click the applicable row to populate information in the fields on the panel.

| Retroactive | Effective Date | End Date | Source | Last Change Date |
|-------------|----------------|------------|-------------------------|------------------|
| | 10/01/1986 | 09/30/2007 | Conversion For Medicaid | 10/18/2007 |
| Yes | 10/01/2007 | 12/31/2299 | Online Systems | 07/21/2008 |

Retroactive ☒ Effective Date Source
 End Date Last Changed Date

delete add

Figure 65 Medicare A Coverage Panel

The Medicare A Coverage panel will display information if the member has Medicare Part A coverage. The Medicare B Coverage panel will display information if the member has Medicare Part B coverage. (The Medicare Cov field on the Member Information panel indicates if and what kind of Medicare coverage the member has.)

The Medicare A Coverage or Medicare B Coverage panel may include the following information:

- The *Retroactive* box, if checked, indicates that the member's Medicare coverage is applied for past dates.
- The *Effective Date* and *End Date* fields designate the length of the Medicare coverage.
- The *Source* field indicates how the member information was last updated.
- The *Last Changed Date* field displays the date the last change was made to the member's coverage information.

Medicare Buy-In A Combined or Medicare Buy-In B Combined Panels

Wisconsin Medicaid's Buy-In program assists low-income members who have limited assets pay for monthly Medicare premiums.

- Buy-in A refers to payment of Medicare Part A premiums that cover hospital-related costs.
- Buy-in B refers to payment of Medicare Part B premiums that cover physician-related costs.

Note: Since the fields for the Medicare Buy-In A Combined and Medicare Buy-In B Combined panels are similar, this user guide uses Medicare Buy-In B Combined examples.

1. Select **Medicare Buy-In A Combined** or **Medicare Buy-In B Combined** from the Medicare menu. The Medicare Buy-In A Combined or Medicare Buy-In B Combined panel will be displayed.

Medicare Buy-In B Combined ✕

| Txn | Process Date | Medicare ID | BIEC | Source | Trans-Mod-Sub | Eff Date | End Date | Premium | CMS/Trans Date | Error | More | RIC |
|------|--------------|-------------|------|-----------|---------------|-----------|------------|---------|----------------|-------|------|-----|
| PREM | 10/10/2008 | 987654321M | P | Automatic | 99 | 10/1/2008 | | | 10/10/2008 | | | |
| PREM | 10/9/2008 | 987654321M | P | Automatic | 51 | 10/9/2008 | | | 6/8/2015 | | | |
| BILL | 10/9/2008 | 987654321M | P | | 41 | 10/1/2008 | 10/31/2008 | \$96.40 | 10/1/2008 | No | Yes | B |
| BILL | 8/8/2007 | 987654321M | | | | 9/1/2007 | 9/30/2007 | \$93.50 | 9/1/2007 | No | No | B |
| BILL | 7/9/2007 | 987654321M | | | | 8/1/2007 | 8/31/2007 | \$93.50 | 8/1/2007 | No | No | B |
| BILL | 6/8/2007 | 987654321M | | | | 7/1/2007 | 7/31/2007 | \$93.50 | 7/1/2007 | No | No | B |
| BILL | 5/8/2007 | 987654321M | | | | 6/1/2007 | 6/30/2007 | \$93.50 | 6/1/2007 | No | No | B |
| BILL | 4/9/2007 | 987654321M | | | | 5/1/2007 | 5/31/2007 | \$93.50 | 5/1/2007 | No | No | B |
| BILL | 3/8/2007 | 987654321M | | | | 4/1/2007 | 4/30/2007 | \$93.50 | 4/1/2007 | No | No | B |
| BILL | 2/8/2007 | 987654321M | | | | 3/1/2007 | 3/31/2007 | \$93.50 | 3/1/2007 | No | No | B |

1 2 Next

Bill Record - Member Medicare Part B Bill.

Medicare ID

Effective Date

End Date

Buy-In Enrollment Code [Search]

CMS Process Date

Bill Txn/Mod/Sub Code [Search]

Premium Amount

Error

More Buyin

Premium Record - Medicare Part B Premium .

Source

Transaction

Process Date

Medicare ID

Transaction Date

End Date

Member ID

Buy-In Enrollment Code

Date to CMS

Figure 66 Medicare Buy-In B Combined Panel

The Txn column displays either a Bill or Premium (Prem) transaction (Txn) type. Bill indicates the billing record was returned from the Centers for Medicare and Medicaid Services (CMS). Premium indicates the billing record was sent to CMS.

2. Click the applicable row.

If you select a Bill transaction, information will populate the “Bill Record” and “Bill Information” sections.

If you select a Premium transaction, information will populate the “Premium Record” section. For more information, refer to the [Premium Record Section](#) of this user guide.

Bill Record and Bill Information Sections

Medicare Buy-In B Combined ✕

| Txn | Process Date | Medicare ID | BIEC | Source | Trans-Mod-Sub | Eff Date | End Date | Premium | CMS/Trans Date | Error | More | RIC |
|------|--------------|-------------|------|-----------|---------------|-----------|------------|---------|----------------|-------|------|-----|
| PREM | 10/10/2008 | 987654321M | P | Automatic | 99 | 10/1/2008 | | | 10/10/2008 | | | |
| PREM | 10/9/2008 | 987654321M | P | Automatic | 51 | 10/9/2008 | | | 6/8/2015 | | | |
| BILL | 10/9/2008 | 987654321M | P | | 41 | 10/1/2008 | 10/31/2008 | \$96.40 | 10/1/2008 | No | Yes | B |
| BILL | 8/8/2007 | 987654321M | | | | 9/1/2007 | 9/30/2007 | \$93.50 | 9/1/2007 | No | No | B |
| BILL | 7/9/2007 | 987654321M | | | | 8/1/2007 | 8/31/2007 | \$93.50 | 8/1/2007 | No | No | B |
| BILL | 6/8/2007 | 987654321M | | | | 7/1/2007 | 7/31/2007 | \$93.50 | 7/1/2007 | No | No | B |
| BILL | 5/8/2007 | 987654321M | | | | 6/1/2007 | 6/30/2007 | \$93.50 | 6/1/2007 | No | No | B |
| BILL | 4/9/2007 | 987654321M | | | | 5/1/2007 | 5/31/2007 | \$93.50 | 5/1/2007 | No | No | B |
| BILL | 3/8/2007 | 987654321M | | | | 4/1/2007 | 4/30/2007 | \$93.50 | 4/1/2007 | No | No | B |
| BILL | 2/8/2007 | 987654321M | | | | 3/1/2007 | 3/31/2007 | \$93.50 | 3/1/2007 | No | No | B |

1 2 Next

-Bill Record- Member Medicare Part B Bill.

Medicare ID Effective Date

End Date

Buy-In Enrollment Code [Search] CMS Process Date

Bill Txn/Mod/Sub Code [Search] Premium Amount

Error More Buyin

-Bill Information- The Bill information record for the row selected above.

| Last Name | First Name | MI | Sex | Birth Date | Member ID |
|-----------|------------|----|-----|------------|------------|
| MEMBER | IM | A | M | 10/10/1927 | 987654321E |

Figure 67 Bill Record and Bill Information Sections

The “Bill Record” section may include the following information:

- The *Buy-In Enrollment Code* field displays a code used to identify the specific category of medical assistance provided for each individual enrolled.

Note: The Buy-In Enrollment Code field does not appear on the Medicare Buy-In A Combined panel.

- The *Bill Txn/Mod/Sub Code* field displays one or more of three codes:
 - Txn* describes the CMS monthly Buy-In transaction code.
 - Mod* describes the last two digits of a four-digit billing modifier used by CMS that may be added to the transaction code to provide additional information regarding the member’s Buy-In or Medicare information.
 - Sub Code* describes a code used on the billing file that is applicable to a rejected accretion record, a duplicate accretion or deletion record, or a state-submitted accretion record that matches a death deletion.
- The *Error* field indicates if the billing record was applied to the wrong member.
- The *Effective Date* and *End Date* fields display the time period for which the transaction is included on the Buy-In Part A or B billing file.

- The *CMS Process Date* field displays the date the Buy-In Part A or B billing file was processed by CMS.
- The *Premium Amount* field displays the premium amount on the billing record.
 - o On an accretion acknowledgement record, this value reflects a debit for the amount the state *owes*.
 - o On a deletion acknowledgement record, this value reflects a *credit due* to the state.
- The *More Buyin* field displays a Y or N to indicate whether or not there is more Buy-In billing information available on the file because the amount of information differs between CMS and iC.

The “Bill Information” section displays the member-level detail information for the selected Bill Record.

Premium Record Section

| Medicare Buy-In B Combined ✕ | | | | | | | | | | | | |
|------------------------------|--------------|-------------|------|-----------|---------------|-----------|------------|---------|----------------|-------|------|-----|
| Txn | Process Date | Medicare ID | BIEC | Source | Trans-Mod-Sub | Eff Date | End Date | Premium | CMS/Trans Date | Error | More | RIC |
| PREM | 9/29/2010 | 987654321M | U | Manual | 75 | 12/1/2008 | 12/31/2008 | | 6/8/2015 | | | |
| PREM | 10/10/2008 | 987654321M | | Automatic | 99 | 10/1/2008 | | | 10/10/2008 | | | |
| PREM | 10/9/2008 | 987654321M | | Automatic | 51 | 10/9/2008 | | | 6/8/2015 | | | |
| BILL | 10/9/2008 | 987654321M | | | 41 | 10/1/2008 | 10/31/2008 | \$96.40 | 10/1/2008 | No | Yes | B |
| BILL | 8/8/2007 | 987654321M | | | | 9/1/2007 | 9/30/2007 | \$93.50 | 9/1/2007 | No | No | B |
| BILL | 7/9/2007 | 987654321M | | | | 8/1/2007 | 8/31/2007 | \$93.50 | 8/1/2007 | No | No | B |
| BILL | 6/8/2007 | 987654321M | | | | 7/1/2007 | 7/31/2007 | \$93.50 | 7/1/2007 | No | No | B |
| BILL | 5/8/2007 | 987654321M | | | | 6/1/2007 | 6/30/2007 | \$93.50 | 6/1/2007 | No | No | B |
| BILL | 4/9/2007 | 987654321M | | | | 5/1/2007 | 5/31/2007 | \$93.50 | 5/1/2007 | No | No | B |
| BILL | 3/8/2007 | 987654321M | | | | 4/1/2007 | 4/30/2007 | \$93.50 | 4/1/2007 | No | No | B |

1 2 Next

-Bill Record- Member Medicare Part B Bill.

| | | | |
|------------------------|---------------------------------|------------------|----------------------|
| Medicare ID | <input type="text"/> | Effective Date | <input type="text"/> |
| | | End Date | <input type="text"/> |
| Buy-In Enrollment Code | <input type="text"/> [Search] | CMS Process Date | <input type="text"/> |
| Bill Txn/Mod/Sub Code | <input type="text"/> [Search] | Premium Amount | <input type="text"/> |
| Error | <input type="text"/> | More Buyin | <input type="text"/> |

-Premium Record- Medicare Part B Premium .

| | | | | | |
|-------------|----------------------|------------------------|----------------------|--------------|----------------------|
| Source | <input type="text"/> | Transaction | <input type="text"/> | Process Date | <input type="text"/> |
| Medicare ID | <input type="text"/> | Transaction Date | <input type="text"/> | End Date | <input type="text"/> |
| Member ID | <input type="text"/> | Buy-In Enrollment Code | <input type="text"/> | Date to CMS | <input type="text"/> |

Figure 68 Premium Record Section

The “Premium Record” section may include the following information:

- The *Source* field indicates if the transaction was initiated by the CMS billing file (Automatic) or by the state (Manual).
- The *Transaction* field displays the transaction code used for Buy-In Part B premium transactions.
- The *Transaction Date* field displays the start date of the Buy-In Part B premium transaction.
- The *Buy-In Enrollment Code* field is for internal use only.

Note: The Buy-In Enrollment Code field does not appear on the Medicare Buy-In A Combined panel.

- The *Process Date* field displays the date when iC processed the transaction.
- The *End Date* field, if applicable, displays the end date for the transaction on the Buy-In Part B billing file.
- The *Date to CMS* field displays the date when iC sent the transaction to CMS on the Buy-In Part B premium file.

Medicare D Entitlements Panel

The Medicare D Entitlements panel displays Medicare Part D prescription drug coverage dates for an eligible member.

1. Select **Medicare D Entitlements** from the Medicare Menu. The Medicare D Entitlements panel will be displayed.

| Accepted By CMS | Public Health Plan | Effective Date | End Date |
|-----------------|--------------------|----------------|------------|
| No | Medicare Part D | 01/01/2006 | 10/31/2007 |

Accepted By CMS: Effective Date:

Public Health Plan: End Date:

Source: Last Updated:

Figure 69 Medicare D Entitlements Panel

The Medicare D Entitlements panel may include the following information:

- The *Accepted by CMS* field indicates if CMS has enrolled a member into Medicare Part D coverage.
- The *Public Health Plan* field indicates the name of the available MC plan for this entitlement.
- The *Effective* and *End Date* fields designate the length of the coverage.
- The *Last Updated* field displays the date when the last change to the coverage was made.

- *Source* identifies the source of the update as either *WINDOW*, *BATCH*, or *MMA (Medicare Modernization Act) RESPONSE*.

Medicare D PDP Assignments Panel

The Medicare Part D PDP Assignment panel is used to view the Primary Drug Plan (PDP) assignments for a particular Member.

1. Select **Medicare D PDP Assignments** from the Medicare Menu. The Medicare D PDP Assignments panel will be displayed.

| Auto Enroll Decline | Enrollment Type | Status | Plan | Effective Date | End Date |
|---------------------|----------------------|--------|-----------------|----------------|------------|
| No | Beneficiary Election | Active | XYZ Health Plan | 02/01/2008 | 12/31/2299 |
| No | Beneficiary Election | Active | XYZ Health Plan | 09/01/2006 | 01/31/2008 |
| No | Beneficiary Election | Active | XYZ Health Plan | 08/01/2006 | 08/31/2006 |

Auto Enroll Decline:

Enrollment Type:

PDP Number:

Plan:

Status:

Effective Date:

End Date:

Last Updated:

Creation Date:

Active Thru:

Figure 70 Medicare D PDP Assignments Panel

The Medicare D PDP Assignments panel may include the following information:

- The *Auto Enroll Decline* field indicates whether or not a beneficiary declined to be auto-enrolled by CMS in a Medicare Part D plan.
- The *Enrollment Type* field lists the method in which the Member was enrolled in Part D plan.
- The *PDP Number* field displays the ID number for this assignment's PDP
- The *Plan* field displays the PDP plan for this assignment
- The *Effective Date* and *End Date* fields display the time period the member's Medicare Part D PDP plan is in effect.
- The *Active Thru* field displays the final date through which the assignment segment is active. Assignment segments are added using the information received from CMS. If the same segment is not received from CMS in the subsequent MMA response file, the active segment is updated to history.
- The *Creation Date* field displays the date the enrollment record was created.

SSI Menu

Hover over SSI on the Open Tab menu to display menu options for panels containing a member's SSI information.

The screenshot shows the 'Open Tab' menu with the 'SSI' option selected. The SSI menu is expanded, showing a list of options: CTS Child Information, CTS Child Payment, SSI Alternate SSN, SSI Benefit Plan, SSI Enrollment, SSI Ineligible Parent/Spouse, SSI Information, SSI Payment History, SSI Retro Payment Request, SSI Survey, and SSI UnEarned Income. A red circle highlights the SSI menu options.

Figure 71 SSI Menu

CTS Child Information Panel

The CTS Child Information panel displays Caretaker Supplement (CTS) child information that is received from the CARES system.

1. Select **CTS Child Information** from the SSI Menu. The CTS Child Information panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'CTS Child Information' panel. It contains a table with the following data:

| CARES Case Number | Last Name | First Name | MI | SSN | DOB | MA App Date |
|-------------------|-----------|------------|----|-----------|------------|-------------|
| 111111111 | MEMBER | IAMA | D | 000000000 | 01/01/1994 | 08/01/2008 |
| 111111111 | MEMBER | IAM | E | 000000000 | 01/25/1996 | 06/01/2009 |

Below the table, there are input fields for CARES Case Number (111111111), Name (MEMBER), SSN (000000000), DOB (01/01/1994), and MA App Date (08/01/2008). At the bottom, there are buttons for 'delete', 'add', and 'Retro Payment'.

Figure 72 CTS Child Information Panel

The CTS Child Information panel may include the following information:

- The child's personal information is displayed, such as name, Social Security number (SSN), and date of birth (DOB).
- The *MA App Date* field displays the child's Medicaid application date (the payment cycle date when a child is added to an existing CTS monthly detail).

CTS Child Payment Panel

1. Select CTS Child Payment from the SSI menu. The CTS Child Information panel will be displayed.
2. Click the applicable row in the CTS Child Information panel to populate information in the CTS Child Payment panel. Click the CTS Child Payment tab to open the CTS Child Payment panel.

| CTS Child Information X | | CTS Child Payment X | |
|-------------------------|-------------|---------------------|----------------|
| Payment | Transaction | | |
| Month | Date | Amount Paid | Payment Status |
| 201401 | 03/02/2014 | \$250.00 | C01 |
| 201402 | 03/02/2014 | \$250.00 | C01 |
| 201403 | 03/02/2014 | \$250.00 | C01 |
| 201404 | 10/05/2014 | \$117.00 | C01 |

Figure 73 CTS Child Payment Panel

The CTS Child Payment panel displays the following information:

- Payment month in CCYYMM format
- Transaction date in MM/DD/CCYY format (SSI transaction cycle date)
- Amount paid (the amount CTS paid for the selected child for the listed payment period)
- Payment status code

SSI Alternate SSN Panel

1. Select **SSI Alternate SSN** from the SSI menu. The SSI Alternate SSN panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| | |
|---------------------------|--|
| SSI Alternate SSN X | |
| Alternate SSN | Verification Code |
| 000-00-0000 | Incorrect SSN, change has been processed |
| Alternate SSN 000-00-0000 | Verification Code Incorrect SSN, change has been processed |
| | delete add |

Figure 74 SSI Alternate SSN Panel

The SSI Alternate SSN panel may include the following information:

- The *Alternate SSN* field displays any other SSN associated with the member.
- The *Verification Code* field displays information about the member's alternate SSN (e.g., cross reference SSN, pseudo SSN).

SSI Benefit Plan Panel

1. Select **SSI Benefit Plan** from the SSI menu. The SSI Benefit Plan panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'SSI Benefit Plan' panel. At the top, there is a table with columns: Benefit Plan, Status, Plan Type, Financial Payer, Effective Date, and End Date. The table contains three rows of data. Below the table, there is a form to edit a selected plan. The form includes dropdown menus for Benefit Plan, Status, Plan Type, and Financial Payer, and text input fields for Effective Date and End Date. At the bottom of the form, there are 'delete' and 'add' buttons. Below the form, there is a section titled '-Payment Amount Data-' which displays '*** No rows found ***'. At the bottom of this section, there are also 'delete' and 'add' buttons.

| Benefit Plan | Status | Plan Type | Financial Payer | Effective Date | End Date |
|---|--------|-----------|--------------------------------|----------------|------------|
| SSI State Supplemental Payment - State Supplemental In | Active | BNFT | 4 Supplemental Security Income | 02/01/2004 | 07/31/2005 |
| SSI State Supplemental Payment - State Supplemental In | Active | BNFT | 4 Supplemental Security Income | 09/01/2005 | 12/31/2299 |
| SSIE State Supplemental Payment - State Supplemental In | Active | BNFT | 4 Supplemental Security Income | 01/01/2009 | 12/31/2299 |

Benefit Plan: SSI State Supplemental Payment - State Supplemental In
 Status: Active
 Plan Type: Benefit
 Financial Payer: 4 Supplemental Security Income
 Effective Date: 02/01/2004
 End Date: 07/31/2005

-Payment Amount Data-
 *** No rows found ***

Figure 75 SSI Benefit Plan Panel

The SSI Benefit Plan panel may include the following information:

- The *Benefit Plan* field displays the SSI benefit plan in which a member is or has been enrolled.
- The *Status* field indicates if the SSI benefit plan displayed is *Active* or *History*.
- The *Plan Type* field displays a code that identifies the type of SSI plan in which the member is enrolled.
- The *Financial Payer* field displays the unique program under which claim transactions are processed (e.g., Supplemental Security Income).
- The *Effective Date* field displays the first date that the member was or is enrolled in an SSI benefit plan.
- The *End Date* field displays the last date that the member was or is enrolled in an SSI benefit.

SSI Enrollment Panel

1. Select **SSI Enrollment** from the SSI menu. The SSI Enrollment panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

| Med Elig | Pymt Status | State Only | State Living Arrange | Fed Living Arrange | Jur State | Jur County | Fed Gross Amt | Fed Paid Amt | Eff Date | End Date |
|-------------|----------------|-----------------------------|----------------------------|--------------------------|--------------|---------------|---------------------|--------------------|-------------|-------------|
| Y | N07 | N-State and Fed SSI Payment | A | C | WI | 00 - Any | \$0.00 | \$100.00 | 06/01/2014 | 01/31/2014 |
| R | C01 | N-State and Fed SSI Payment | A | C | WI | 00 - Any | \$0.00 | \$100.00 | 02/01/2015 | 12/31/2299 |

Medicaid Enrollment

Payment Status

Effective Date

End Date

State Only

State Living Arrangement

Federal Living Arrangement

Jurisdiction State

Jurisdiction County

Federal Gross Amount

Federal Paid Amount

Earned Income Estimate

Self Employed Income Est

Earned Income Exclusion

Work Expense Blind

Figure 76 SSI Enrollment Panel

The SSI Enrollment panel may include the following information:

- The *Medicaid Enrollment* field displays a code and description that indicate the status of the member's Medicaid enrollment.
- The *Payment Status* field displays a code that indicates the member's current SSI payment status.
- The *Effective Date* and *End Date* fields display the first and last days of the SSI enrollment information for the selected row.
- The *State Only* field displays a code and description that indicate what type of state and/or federal SSI payments were received. Some of the following codes may be displayed:
 - o Y indicates the member received only the state SSI payment.
 - o N indicates the member received both state and federal SSI payments.
 - o B indicates the member received Medicaid only as a State Only 1619(b) member.
- The *State Living Arrangement* field displays a code and description that indicates the member's type of state living arrangement for Title XVI purposes (e.g., own household, another household, parent's household, unknown).
- The *Federal Living Arrangement* field displays a code and description that indicates the member's type of federal living arrangement for Title XVI purposes (e.g., own household, another's household, parent's household, unknown).

- The *Jurisdiction State* field displays *WI* (Wisconsin).
- The *Jurisdiction County* field displays the county in which the Social Security Administration (SSA) agency is located.
- The *Federal Gross Amount* field displays the amount of allowed federal SSI.
- The *Federal Paid Amount* field displays the amount of federal SSI paid to the member.
- The *Earned Income Estimate* field indicates the amount of estimated earned income, if applicable.
- The *Self Employed Income Est* field displays the estimated amount of self-employed income, if applicable.
- The *Earned Income Exclusion* field displays the amount of excluded earned income, if applicable.
- The *Work Expense Blind* field displays the amount of calculated work expenses for a blind member.

SSI Ineligible Parent/Spouse Panel

1. Select **SSI Ineligible Parent/Spouse** from the SSI menu. The SSI Ineligible Parent/Spouse panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows a web application interface for the 'SSI Ineligible Parent/Spouse' panel. At the top, there is a title bar with the text 'SSI Ineligible Parent/Spouse' and a close button (X). Below the title bar is a table with five columns: Name, SSN, Type, Effective Date, and End Date. The table contains two rows of data. Below the table is a form with five fields: Name, SSN, Type, Effective Date, and End Date. The Name field is populated with 'MEMBER IM A'. The SSN field is populated with '111-11-1111'. The Type field is a dropdown menu with 'P - Parent' selected. The Effective Date field is populated with '02/01/2003'. The End Date field is populated with '07/31/2005'. At the bottom right of the form are two buttons: 'delete' and 'add'.

| Name | SSN | Type | Effective Date | End Date |
|-------------|-------------|------------|----------------|------------|
| MEMBER IM A | 111-11-1111 | P - Parent | 02/01/2003 | 07/31/2005 |
| MEMBER IM A | 111-11-1111 | P - Parent | 09/01/2005 | 12/31/2299 |

Name: Effective Date:

SSN: End Date:

Type:

Figure 77 SSI Ineligible Parent/Spouse Panel

The SSI Ineligible Parent/Spouse panel may include the following information:

- The *Type* field indicates whether the person is a parent, eligible spouse, or ineligible spouse.
- The *Effective Date* and *End Date* fields display the first and last dates that the person is considered an ineligible parent or spouse.

SSI Information Panel

1. Select **SSI Information** from the SSI menu. The SSI Information panel will be displayed.

The SSI Information panel is a form with a title bar 'SSI Information X'. It contains the following fields:

| | |
|---|---|
| Representative Payee: IM MEMBER | Payee Date: 11/18/2013 |
| Payee Type: CHD | [EFT Details] |
| Auth 1: [Empty] | Auth 2: [Empty] |
| Grand Fathered: No | Category/Type: DI - Disabled Individual |
| Competency: B | SSA District Office: [Empty] |
| Record ID: I - Individual (with or without ineligible spouse) | Application Date: 12/12/2010 |
| Deny Code: N32 | Deny Date: 03/21/2011 |
| Optional Elig Date: [Empty] | Trans Code: 07 |
| Appeal Decision: FF - Fully Favorable | Decision Date: 11/13/2013 |
| Appeal Code: H - Hearing | Appeal Date: 09/28/2011 |
| Essential Person: 0 - None | Elig Spouse/Parent SSN: 000000000 |
| Death Code: [Empty] | |
| Date Added: 12/03/2013 | Date Last Updated: 12/03/2013 |

Figure 78 SSI Information Panel

The SSI Information panel may include the following information (the fields are described from left to right):

- The *Representative Payee* field displays the name of a person authorized to be the payee for the member, if applicable.
- The *Payee Date* field displays the date the current representative payee authorization became effective.
- The *Payee Type* field displays a code that represents an entity receiving payment on behalf of the member.
- The *Auth 1* field indicates the name of a person that a member or payee has authorized to obtain information regarding his or her SSI benefits, if applicable. A member can list up to two persons as authorized representatives.
- The *Auth 2* field indicates the name of an additional person that has been authorized as a member's representative.
- The *Grand Fathered* field indicates *Yes* if a member was grandfathered into the state SSI program and is eligible for state-only benefits. The field indicates *No* if a member is enrolled in a state/federal SSI program and is eligible for state and federal benefits.
- The *Category/Type* field displays a member type code and description. Some of the following codes may be displayed:
 - o *AI* indicates an aged individual.
 - o *AS* indicates an aged spouse.
 - o *BC* indicates a blind child.

- o *BI* indicates a blind individual.
- o *BS* indicates a blind spouse.
- o *DC* indicates a disabled child.
- o *DI* indicates a disabled individual.
- o *DS* indicates a disabled spouse.
- o *EP* indicates an essential person (a person identified as essential to a member's welfare under a state program preceding the SSI program).
- The *Competency* field displays a code that identifies the representative payee's status based on legal guardianship and/or the competency of the member (e.g., *A* indicates the member has a representative payee, *B* indicates the member is competent and has no legal guardian, *C* indicates the legal guardian is someone other than the representative payee, *N* indicates that there is no legal guardian).
- The *SSA District Office* field displays a code and description that indicates the location of the SSA district office for the SSI member.
- The *Record ID* field displays a record identification code and description that identifies the living arrangement of the member. Some of the following codes may be displayed:
 - o *C* indicates a couple (eligible individual with eligible spouse).
 - o *F* indicates a child claim with father.
 - o *I* indicates an individual (with or without an ineligible spouse).
 - o *M* indicates a child claim with mother.
 - o *P* indicates a child claim with parents.
 - o *U* indicates the living arrangement is unknown.
 - o *X* indicates a state-to-SSA record exception.
- The *Application Date* field displays the date the member filed for SSI benefits.
- The *Deny Code* field displays a code that indicates why the member was denied SSI, if applicable.
- The *Deny Date* field displays the date when the member was denied SSI.
- The *Optional Elig Date* field displays the optional enrollment or eligibility date, if applicable.
- The *Trans Code* field displays a code that indicates the type of transaction being made to the member's file.
- The *Appeal Decision* field displays a code and description that indicates the appeal decision if the member was previously denied SSI and then appealed the denial.

- The *Decision Date* field displays the date that the appeal decision was made, if applicable.
- The *Appeal Code* field displays a code and description that indicates the level of appeal and the latest action, if applicable. Some of the following codes may be displayed:
 - o *A* indicates an appeals council review.
 - o *C* indicates court activity.
 - o *H* indicates a hearing.
 - o *O* indicates a class action.
 - o *R* indicates reconsideration.
 - o *U* indicates the action is unknown.
- The *Appeal Date* field displays the date when an appeal code was last added.
- The *Essential Person* field displays a code and description that indicates if the member has an essential person and who the essential person is, if applicable.
- The *Elig Spouse/Parent SSN* field displays the SSN of an SSI eligible spouse or parent.
- The *Death Code* field indicates the source for the date of death (e.g., hospital insurance notification), if applicable.
- The *Date Added* field displays the date the member's SSI information was added to iC.
- The *Date Last Updated* field displays the date the member's SSI information was last updated in iC.

SSI Payment History Panel

1. Select **SSI Payment History** from the SSI menu. The SSI Payment History panel will be displayed.
2. To search for a member's state SSI payment history, complete one of the following:
 - Enter the financial cycle date in MM/DD/CCYY format.
 - Enter the benefit month in MMCCYY format.

3. Click **search**. The result(s) will be displayed at the bottom of the panel.

SSI Payment History X

Financial Cycle Date
Benefit Month

search

clear

| Benefit Month v | Transaction Date | Benefit Plan | Payment Status | Financial Cycle Date | Cleared Suspense | Benefit Amount | Benefit Month Total | Cycle | Financial Number |
|---------------------------------|----------------------------------|------------------------------|--------------------------------|--------------------------------------|----------------------------------|--------------------------------|-------------------------------------|-----------------------|----------------------------------|
| 01/2014 | 12/18/2013 | SSI | C01 | 12/19/2013 | Active | \$83.78 | \$83.78 | Monthly | 012345678 |

Figure 79 SSI Payment History Panel with Results

The SSI Payment History panel may include the following information:

- The *Benefit Month* column displays the month covered by the payment.
- The *Transaction Date* column displays the date of the SSI transaction cycle.
- The *Benefit Plan* column indicates whether payment was made under a CTS, SSI, or Supplemental Security Income—Exceptional Expense (SSIE) benefit plan.
- The *Payment Status* column displays a code that indicates the current status of a payment transaction.
- The *Financial Cycle Date* column displays the date the check write voucher was posted. This date is not necessarily the release date of the electronic funds transfer (EFT) payment. A zero cycle date indicates that the record has not been processed yet.
- The *Cleared Suspense* column displays the status of the payment record. Statuses may include the following:
 - o *Active* indicates the record is set up for financial payment.
 - o *Suspense* indicates that payment is suspended from financial processing.
 - o *Paid* indicates that payment has been made.
- The *Benefit Amount* column displays the state's SSI payment to the member. A positive amount indicates a payment and a negative amount indicates a recoupment request has been issued.
- The *Benefit Month Total* column displays the total SSI amount paid to the member for the listed benefit month for all benefit plans.
- The *Cycle* column displays whether the payment was processed in the regular monthly cycle or as a part of the weekly adjustment cycle.
- The *Financial Number* column displays an identifier for the payment, such as the check number or EFT trace number. If the column is blank, no payment has been made yet.

SSI Retro Payment Request Panel

The SSI Retro Payment Request panel displays state supplemental retroactive payments that were requested for SSI or SSIE.

1. Select **SSI Retro Payment Request** from the SSI menu. The SSI Retro Payment Request panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| Benefit Plan | Status | Retro Pay Rate Amount | Effective Date | End Date | Total Amount |
|--------------|-----------|-----------------------|----------------|------------|--------------|
| SSI | Processed | \$10.00 | 01/01/2008 | 10/31/2008 | \$100.00 |

Benefit Plan: Status:
 Retro Pay Rate Amount: Effective Date:
 End Date: Total Amount:

Figure 80 SSI Retro Payment Request Panel

The SSI Retro Payment Request panel may include the following information (the fields are described from left to right):

- The *Status* field indicates whether the retroactive payment is new or has been processed.
- The *Retro Pay Rate Amount* field displays the monthly retroactive payment amount.
- The *Effective Date* and *End Date* fields display the first and last dates of retroactive payment.
- The *Total Amount* field displays the total retroactive payment amount.

SSI Survey Panel

The SSI Survey panel displays a member's SSI survey results.

1. Select **SSI Survey** from the SSI menu. The SSI Survey panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| Year | Survey Code |
|------|---|
| 2008 | 13 - Recipient has wages and/or unearned income (for 6 months) over \$22,795.72/year and is no longer eligible for cash benefits or MA. |

Year:
 Survey Code:

Figure 81 SSI Survey Panel

The SSI Survey panel may include the following information:

- The *Year* field displays the year the survey was conducted.
- The *Survey Code* field displays a code and description that indicate the survey results.

SSI UnEarned Income Panel

The SSI UnEarned Income panel displays the unearned income for a member, such as Social Security and state SSI.

1. Select **SSI UnEarned Income** from the SSI menu. The SSI UnEarned Income panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'SSI UnEarned Income' panel. At the top, there is a table with columns: Claim ID, Income Amount, Income Type, Frequency, Validity, Effective Date, and End Date. The first row contains the following data: Claim ID 00000000, Income Amount \$100.00, Income Type L, Frequency X, Validity 1, Effective Date 01/01/2008, and End Date 12/31/2008. Below the table, there is a form with fields for Claim ID, Income Amount, Effective Date, End Date, Income Type, Frequency, and Validity. The values in the form match the data in the table. At the bottom right, there are 'delete' and 'add' buttons.

| Claim ID | Income Amount | Income Type | Frequency | Validity | Effective Date | End Date |
|----------|---------------|-------------|-----------|----------|----------------|------------|
| 00000000 | \$100.00 | L | X | 1 | 01/01/2008 | 12/31/2008 |

Claim ID: 00000000
 Income Amount: \$100.00
 Effective Date: 01/01/2008
 End Date: 12/31/2008
 Income Type: L - Military Pension.
 Frequency: X - Unknown
 Validity: 1 - Number has been verified, amount has not been verified.

delete add

Figure 82 SSI UnEarned Income Panel

The SSI UnEarned Income panel may include the following information:

- The *Claim ID* field displays the ID number of the claim under which the unearned income is received.
- The *Income Amount* field displays the member's monthly unearned income.
- The *Effective Date* field displays the date when the unearned income information is valid.
- The *End Date* field displays the date when the unearned income information is no longer valid.
- The *Income Type* field displays a code and description that indicate what kind of unearned income the member was or is receiving (e.g., Social Security).
- The *Frequency* field displays a code and description that indicate how often the unearned income is received.
- The *Validity* field displays a code and description that indicate if the number and amount of unearned income payments have been verified.

Waiver Enrollment Menu

Hover over Waiver Enrollment on the Open Tab menu to display menu options for panels containing a member's waiver enrollment information.

The screenshot shows the 'Open Tab' menu with 'Waiver Enrollment' selected. The main form area displays member information for DXCTESTA, LHUNDUP A. The 'Waiver Enrollment' section is highlighted with a red circle, showing checkboxes for 'Adult Level of Care', 'Childrens Functional Level of Care', 'County of Fiscal Responsibility', and 'Member Waiver Enrollment'.

Figure 83 Waiver Enrollment Menu

Adult Level of Care Panel

The Adult Level of Care panel displays the functional screen results for the member.

1. Select **Adult Level of Care** from the Waiver Enrollment Menu. The Adult Level of Care Information panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'Adult Level of Care' panel. It contains a table with the following data:

| Effective Date | End Date | Community Waiver Elig | Community Waiver Start Verification | Frail Elder | Physical Disability | Developmental Disability per Federal | Developmental Disability per State | Alzheimer or Other Irreversible Dementia | Terminal Conditions | Severe and Persistent Mental Illness | No Target Groups | Status |
|----------------|------------|-----------------------|-------------------------------------|-------------|---------------------|--------------------------------------|------------------------------------|--|---------------------|--------------------------------------|------------------|--------|
| 03/08/2016 | 03/31/2017 | Yes | Initial Screen | No | Yes | No | Yes | No | No | No | No | Active |

Below the table, there are fields for 'Effective Date', 'End Date', 'Community Waiver Eligibility', 'Community Waiver Program Start Verification', 'Frail Elder', 'Physical Disability', 'Developmental Disability per Federal', 'Developmental Disability per State', 'Alzheimer's Disease or Other Irreversible Dementia', 'Terminal Conditions', 'Severe and Persistent Mental Illness', 'No Target Groups', and 'Status'. The 'Status' field is set to 'Active'.

Figure 84 Adult Level of Care Panel

The Adult Level of Care panel may include the following information:

- The *Effective Date* field is the functional screen calculated date for the member's level of care.
- The *End Date* field is a calculated date that is the last day of the month of the functional screen calculated date plus 12 months.
- The *Community Waiver Eligibility* indicates if the member is functionally eligible for the community waiver program.
- The *Community Waiver Program Start Verification* field indicates the type of functional screen that was completed.

- The next eight fields indicate the different target group eligibility and other information returned from the functional screen.
- The *Status* field indicates an Active or Inactive status of a member's adult level of care.

Childrens Functional Level of Care Panel

The Childrens Functional Level of Care panel displays the functional screen results for the member.

1. Select **Childrens Functional Level of Care** from the Waiver Enrollment Menu. The Childrens Functional Level of Care panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| Childrens Functional Level of Care | | | | |
|------------------------------------|-----------------------------|--------------------------------|--------------------------|------------------------|
| Waiver Program | Eligibility | Effective Date | End Date | Status |
| CLTS | ELG | 01/01/2017 | 06/30/2017 | Active |
| CLTS | ELG | 07/01/2017 | 07/30/2018 | Active |
| CCP | ELG | 05/01/2017 | 05/31/2018 | Active |

| | | | | | |
|----------------|------------|--------------|-----|--------------|--|
| Waiver Program | CLTS | Target Group | DD1 | Target Group | |
| Eligibility | ELG | Target Group | D20 | Target Group | |
| Effective Date | 01/01/2017 | Target Group | | Target Group | |
| End Date | 06/30/2017 | Target Group | | Target Group | |
| Status | Active | Target Group | | Target Group | |

[add](#)

Figure 85 Childrens Functional Level of Care Panel

The Childrens Functional Level of Care panel may include the following information:

- The *Waiver Program* field indicates the waiver program associated to the waiver enrollment of the member.
- The *Eligibility* field indicates the functional screen status for the member.
- The *Effective Date* field is the functional screen calculated date for the member's level of care.
- The *End Date* field is a calculated date that is the last day of the month of the functional screen calculated date plus 12 months.
- The *Status* field indicates an Active or Inactive status of a member's functional level of care.
- The *Target Group* fields indicate the different target group eligibility returned from the functional screen.

Note: This is a required field when "ELG" is designated for the CLTS (Children's Long-Term Support) or KBP (Katie Beckett Program) waiver program.

County of Responsibility Panel

The County of Responsibility panel displays the county that is administering the long-term care program for the member.

1. Select **County of Responsibility** from the Waiver Enrollment Menu. The County of Responsibility panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| County of Responsibility | Date Added | Date Last Updated |
|--------------------------|------------|-------------------|
| 27 Jackson | 10/30/2017 | 10/30/2017 |

County of Responsibility

Date Added

Date Last Updated

add

Figure 86 County of Responsibility Panel

The County of Responsibility panel may include the following information:

- The *County of Responsibility* field displays the county of responsibility with a member.
- The *Date Added* field indicates the date the county of responsibility record was initially added.
- The *Date Last Updated* field displays the date the county of responsibility record was last updated.

Member Waiver Enrollment Panel

The Member Waiver Enrollment panel displays the waiver enrollment information for the member.

1. Select **Member Waiver Enrollment** from the Waiver Enrollment Menu. The Member Waiver Enrollment panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| Effective Date | End Date | Waiver Program | Waiver Agency | Recertification Due Date | Recertification Completion Date | Start Reason | Stop Reason | Worker ID | Status |
|----------------|------------|----------------|--------------------------------|--------------------------|---------------------------------|--------------|-------------|-----------|----------|
| 09/01/2017 | 12/31/2299 | CLTS | PEPIN - DEPT OF HUMAN SERVICES | 10/31/2018 | 10/15/2017 | 2L | | DXCWAIVE | Active |
| 09/01/2017 | 12/31/2299 | CLTS | PEPIN - DEPT OF HUMAN SERVICES | 09/30/2018 | | 2L | | DXCWAIVE | Inactive |
| 08/01/2017 | 08/31/2017 | CLTS | PEPIN - DEPT OF HUMAN SERVICES | 09/30/2018 | 09/18/2017 | 2L | 2G | DXCWAIVE | Inactive |
| 11/01/2017 | 12/31/2299 | CLTS | PEPIN - DEPT OF HUMAN SERVICES | 11/30/2018 | | 2L | | DXCWAIVE | Inactive |

Effective Date

End Date

Waiver Program

Waiver Agency

Recertification Due Date

Recertification Completion Date

Start Reason

Stop Reason

Worker ID

Status

add

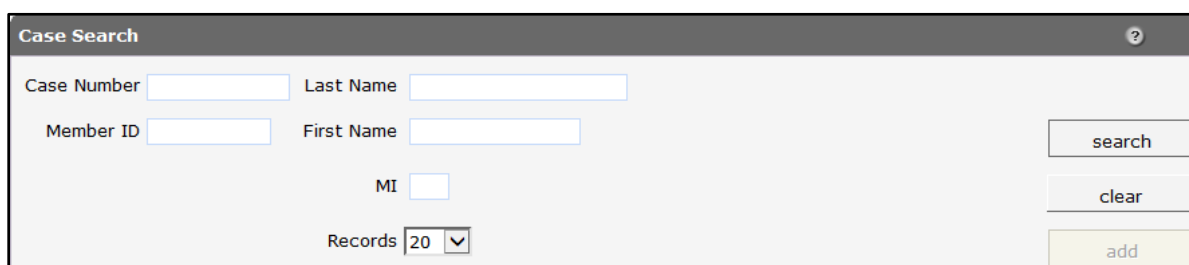
Figure 87 Member Waiver Enrollment Panel

The Member Waiver Enrollment panel may include the following information.

- The *Effective Date* field indicates the effective date of the waiver program enrollment for the member.
- The *End Date* field indicates the end date of the waiver program enrollment for the member.
- The *Waiver Program* field indicates the waiver program the member is enrolled in.
- The *Waiver Agency* field indicates the waiver agency that has enrolled the member and is administering the waiver program.
- The *Recertification Due Date* field indicates the date in which waiver program recertification is due.
- The *Recertification Completion Date* field indicates the date in which waiver program recertification has been completed.
- The *Start Reason* field displays a code that describes why the member was enrolled in a waiver program.
- The *Stop Reason* field displays a code that describes why the member is no longer enrolled in a waiver program.
- The *Worker ID* field displays the user's interChange ID or the agency worker's Portal login ID.
- The *Status* field indicates an Active, Suspended, or Inactive status of a member's waiver program enrollment.

4.2 Case Search

1. On the iC Functionality page, click **Case Search**. The Case Search panel will be displayed.



The Case Search panel is a web-based interface for finding cases. It features a title bar with the text 'Case Search' and a question mark icon. Below the title bar, there are five input fields: 'Case Number', 'Last Name', 'Member ID', 'First Name', and 'MI'. To the right of these fields are three buttons: 'search', 'clear', and 'add'. At the bottom left, there is a 'Records' dropdown menu currently showing '20'.

Figure 88 Case Search Panel

Through the Case Search panel, users can search for and view existing cases in iC. A case can contain one or more members of a household.

2. Enter information in at least one of the following fields:
 - Case Number
 - Member ID

- Last Name

To narrow the search results, enter as much information as possible.

3. Click **search**. If only one record is found, the Case Information panel will be displayed. If multiple records are found, the Search Results panel will be displayed.

| Case Number | Last Name | First Name | MI |
|-------------|-----------|------------|-----|
| 4000060244 | MEMBER | NEW | MCD |
| 1234567892 | MEMBER | WCDH | |
| 0000000001 | MEMBER | TEST | |
| 9000602427 | MEMBERTO | ANGIE | J |
| 1000062716 | MEMBER | HMOBCBP | |
| 1000064115 | MEMBER | CCF | |
| 3000062335 | MEMBER | HCKB | |
| 1234567891 | MEMBER | WCDC | |

Figure 89 Case Search and Search Results Panels

4. Click the applicable row in the Search Results panel. The Case Information page will be displayed.

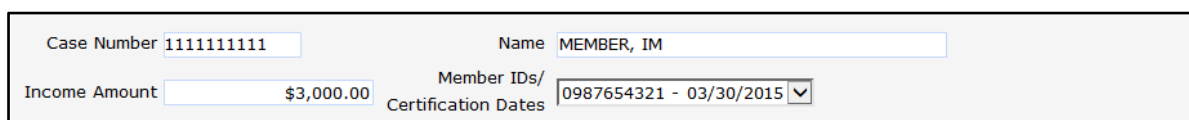
Figure 90 Case Information Page

The Case Information page consists of the following:

- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
 - o The *Open Tab* menu provides access to panels that contain more detailed member information.
 - o The *Help* menu provides access to information regarding the Member Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.

- o The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the navigation toolbar. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.
- The Case Information panel displays basic case information.

4.2.1 Case Information Panel



The Case Information Panel displays the following information:

| | | | |
|---------------|------------|------------------------------------|-------------------------|
| Case Number | 1111111111 | Name | MEMBER, IM |
| Income Amount | \$3,000.00 | Member IDs/ Certification Dates | 0987654321 - 03/30/2015 |

Figure 91 Case Information Panel

The information the Case Information section may include the following information:

- The *Income Amount* field displays the total combined household income for the case, if applicable. This field only applies to WCDP.
- The *Member IDs/Certification Dates* menu displays a list of all the members who have belonged to the case and the dates that they became certified in the case.

4.2.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Case menu option.

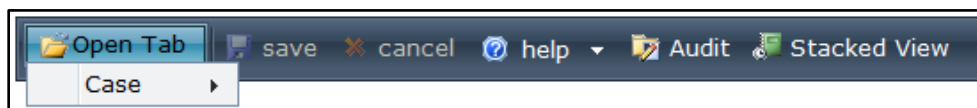


Figure 92 Open Tab Menu

Case Menu

Hover over Case on the Open Tab menu to display menu options for panels containing more detailed information for the selected case.

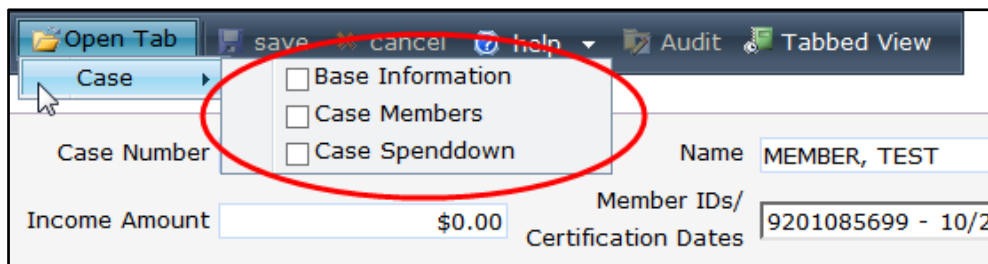


Figure 93 Case Menu

Base Information Panel

The Base Information panel contains basic data about the case such as case number and the number of adults and children in the case.

1. Select **Base Information** from the Case menu. The Base Information panel will be displayed.

A screenshot of the 'Base Information' panel. It contains several input fields: 'Case Number' (111111111), 'Last Name' (MEMBER), 'First Name' (IM), 'MI' (empty), 'Name Suffix' (dropdown), 'Income Amount' (\$3,000.00), 'Number of Adults' (0), 'Number of Children' (0), and 'Source Code' (Online Systems dropdown).

Figure 94 Base Information Panel

The Base Information panel may include the following information:

- The *Income Amount* field displays the total combined household income for the case, if applicable. This field applies only to WCDP.
- The *Source Code* field displays the location from which the case information originated.

Case Members Panel

The Case Members panel displays basic data about members associated with a case, such as their IDs, their names, and the dates that they were enrolled as part of the case.

1. Select **Case Members** from the Case Menu. The Case Members panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.



The screenshot shows a web interface for 'Case Members'. At the top is a tab labeled 'Case Members' with a close button. Below the tab is a table with the following columns: Member ID, Last Name, First Name, MI, and Certification Date. The first row of the table is highlighted in yellow and contains the values: 0987654321, MEMBER, IM, and 10/18/2007. Below the table is a form with input fields for Member ID (0987654321), Certification Date (10/18/2007), Last Name (MEMBER), First Name (IM), and MI (empty). At the bottom right of the form are two buttons: 'delete' and 'add'.

| Member ID | Last Name | First Name | MI | Certification Date |
|------------|-----------|------------|----|--------------------|
| 0987654321 | MEMBER | IM | | 10/18/2007 |

Member ID: 0987654321 Certification Date: 10/18/2007

Last Name: MEMBER

First Name: IM

MI:

delete add

Figure 95 Case Members Panel

Case Spenddown Panel

Spenddown is a type of Medicaid insurance deductible that represents the difference between the member's income and the Medicaid income limit. The spenddown amount must be met before Medicaid benefits are made available.

The Case Spenddown panel displays the amount of out-of-pocket expenses applied to a case. The remaining spenddown amounts are applied to Medicaid, SeniorCare, or WCDP. The amounts come from CARES for SeniorCare and 4818 manual forms for Wisconsin Medicaid. Wisconsin Chronic Disease Program amounts are applied manually and by application.

1. Select **Case Spenddown** from the Case menu. The Case Spenddown panel will be displayed.

- Click the applicable row to populate information in the fields on the panel. An “ICN Detail” section will also be displayed, which will list any internal control numbers (ICNs), dates, and spenddown applied associated with the row selected.

Case Spenddown X

| Amount | Indicator | Benefit Plan Group | Financial Payer | Provider ID | Effective Date | End Date |
|----------|-----------|-----------------------|-----------------|-------------|----------------|------------|
| \$100.00 | Spanned | SENIORCARE COST SHARE | 1 Medicaid | 9999999999 | NPI 02/01/2013 | 12/31/2299 |
| \$100.00 | Spanned | SENIORCARE COST SHARE | 1 Medicaid | 9999999999 | NPI 01/01/2013 | 01/15/2013 |
| \$120.00 | Spanned | SENIORCARE COST SHARE | 1 Medicaid | 9999999999 | NPI 01/01/2012 | 12/31/2012 |

Amount

\$100.00

Effective Date

02/01/2013

Time Period

Spanned

Indicator

Spanned

End Date

12/31/2299

Benefit Plan Group

SENIORCARE COST SHARE

Financial Payer

1 Medicaid

Provider ID

9999999999

NPI

delete

add

ICN Detail-

The Spenddown ICN detail information below is for the row selected above.

| ICN | Date | Spenddown Applied |
|--------------------------|--------|-------------------|
| 000000000000 | 2013/2 | \$100.00 |
| Total Spenddown Applied: | | \$100.00 |
| Remaining Balance: | | \$0.00 |

Figure 96 Case Spenddown Panel and ICN Detail Section

The Case Spenddown panel may include the following information:

- The *Amount* field displays the total amount of out-of-pocket expenses the case is responsible for during the specified time period.
- The *Time Period Indicator* field displays the specified time for the case, such as for a month (Monthly) or a date span (Spanned).

Note: Monthly is only indicated when the Benefit Plan Group field displays Waiver Cost Share.

- The *Benefit Plan Group* field displays the benefit program in which the member is enrolled.
- The *Financial Payer* field displays the program under which claims transactions are processed such as Medicaid, WCDP, or WWWP.
- The *Provider ID* field displays the billing provider’s ID number.
- The *Effective Date* and *End Date* fields display the time period the case is liable for spenddown.

- If there is more than one panel for the ICN Detail section, click the page number of the last panel or **Next**.

5 Third Party Liability

5.1 TPL Search

1. On the iC Functionality page, click **TPL Search**. The TPL Search panel will be displayed.

The TPL Search panel contains the following fields for search criteria:

- Member ID
- Medicare Beneficiary ID
- HICN
- PolicyNumber
- Policyholder SSN
- Carrier Number
- Member SSN
- Member DOB
- Member Last Name
- Member First Name
- Policyholder Last Name
- Policyholder First Name

Buttons: search, clear, add. Records: 20 (dropdown).

Search Results

*** No rows found ***

Figure 97 TPL Search Panel

2. Enter information in any of the fields. To narrow the search results, enter as much information as possible. *Note:* For some fields, such as the Member DOB field, additional information must be entered in other fields before searching.
3. Click **search**. If only one record is found, the TPL Information panel will be displayed. If multiple records are found, the records will be displayed in the Search Results panel.

The TPL Search panel contains the same fields as Figure 97. In this instance, the Member Last Name is 'MEMBER' and the Member First Name is 'TEST'.

Search Results

| Mbr. | HIPP | Member ID | MBI | Member Name | Policy Number | Policyholder Name | Carrier Name | Group Policy Number | Policy Type | Min Effective Date | Max End Date |
|----------------------|----------------------|---------------------------|---------------------|-----------------------------|-------------------------------|-----------------------------------|------------------------------|-------------------------------------|-----------------------------|------------------------------------|------------------------------|
| No | | 0000000000 | | MEMBER, TEST | TEST | MEMBER, TEST | XYZ TRADITIONS HEALTH | | 4 | 07/01/2011 | 12/31/2011 |
| No | | 1111111111 | | MEMBER, TEST | TEST | MEMBER, TEST | XYZ HEALTH PLAN | | 4 | 01/01/2011 | 12/31/2011 |

Figure 98 Search Results Panel

5.1.1 TPL Information Panel

The TPL Information panel displays a member's high-level health coverage information for a specific carrier.

1. Click the applicable record. The TPL Information panel will be displayed.

| | | |
|-------------------------|----------------------------------|------------------------------|
| Member ID 0000000000 | Policy Number TEST | Carrier Number 085 |
| Member Name MEMBER,TEST | Policyholder Name MEMBER,TEST | Carrier Name XYZ HEALTH |
| Member SSN 000-00-0000 | Policyholder SSN 000-00-0000 | Policy Start Date 07/01/2011 |
| MMIS Case | Policy Type PRIVATE PAY HEALTH I | Policy End Date 12/31/2299 |

Figure 99 TPL Information Panel

The TPL Information panel may include the following information:

- The *MMIS Case* field displays the member's case number.
- The *Policy Number* field displays the policy number for the TPL policy.
- The *Policy Type* field displays what type of insurance policy the member or policyholder is covered under (e.g., private pay health insurance).
- The *Carrier Number* field displays a code that is used to determine the type of insurance carrier. This code also identifies an insurance carrier's correspondence.
- The *Carrier Name* field displays the insurance carrier's business name.
- The *Policy Start Date* and *Policy End Date* fields display the effective dates for the coverage.

5.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the TPL menu option.

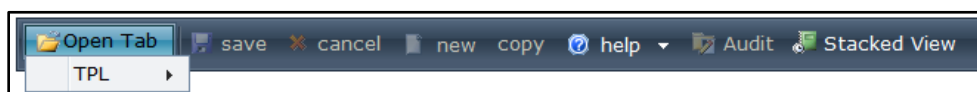


Figure 100 Open Tab Menu

TPL Menu

Hover over Additional Policies under TPL on the Open Tab menu to display menu options for panels containing a member's other insurance information.

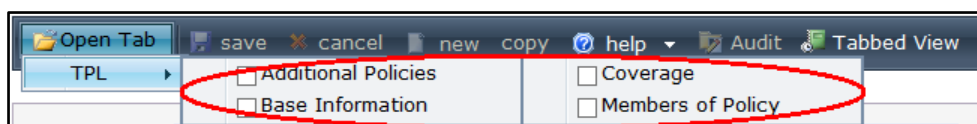


Figure 101 TPL Maintenance Menu

Additional Policies Panel

The Additional Policies panel displays other policies in which a member may be enrolled.

1. Select **Additional Policies** from the TPL menu. The Additional Policies panels will be displayed.

| Additional Policies ✕ | | | | | |
|-----------------------|----------------|------------|-------------------|----------------|-----------------|
| Policy Number | Effective Date | End Date | Verification Code | Carrier Number | Carrier Name |
| 0000000000 | 01/01/2010 | 12/31/2299 | MANUAL VERIFIED | 000 | XYZ HEALTH PLAN |
| 1111111111 | 01/01/2009 | 12/31/2299 | | | MEDICARE A |
| 1111111111 | 01/01/2009 | 12/31/2299 | | | MEDICARE B |

Figure 102 Additional Policies Panel

The Additional Policies panel may include the following information:

- The *Effective Date* and *End Date* columns display the dates covered by the policy.
- The *Verification Code* column displays how the policy was verified.

Base Information Panel

The Base Information panel displays header level information about a TPL resource.

1. Select **Base Information** from the TPL menu. The Base Information panel will be displayed.

| Base Information ✕ | |
|--------------------------|-----------------------|
| Member ID | 0987654321 |
| Member Name | MEMBER MCD |
| Member DOB | 01/10/1970 |
| Carrier Number | 160 |
| Carrier Name | XYZ HEALTH PLAN |
| Employer ID | |
| Employer Name | |
| Relationship | E |
| Relationship Description | SELF |
| Policyholder | Member |
| Policyholder ID | 0987654321 |
| Policyholder Name | MEMBER MCD |
| Policyholder DOB | 01/10/1970 |
| Policyholder SSN | 999-99-9990 |
| Policy Number | 1234567890 |
| Group Number | |
| Policy Type | MEDICARE MANAGED CARE |
| Cost Avoidance | Yes |
| Original Source | OTHER |
| Original Source Date | 07/24/2013 |
| Last Change Origin | |
| Verification Code | MANUAL VERIFIED |
| Verification Date | 07/24/2013 |
| Absent Parent Indicator | No |
| Last Change Date | 07/24/2013 |
| Pharmacy Only | |
| BIN | |
| PCN | |
| delete | |

Figure 103 Base Information Panel

The Base Information panel may include the following information:

- The *Employer ID* field displays an ID number that is automatically assigned by iC. The Employer ID is used on all screens and reports to identify that specific employer.
- The *Employer Name* field displays the employer's business name.
- The *Relationship* field displays a code that identifies the relationship between the policyholder and the member covered by the TPL policy. Codes could include *C* for child, *D* for step-child, *E* for self, *O* for other, or *S* for spouse.
- The *Relationship Description* field displays a description for the code in the Relationship field.
- The *Cost Avoidance* field indicates whether the policy is allowed to bypass cost avoidance. For cost avoidance, the service provider bills and collects from liable third parties before sending the claim to Wisconsin Medicaid.
- The *Original Source* field displays where the information regarding the policy originated.
- The *Original Source Date* field displays the date the resource was originally added to iC.
- The *Last Change Origin* field displays the source that caused a change in the policy information.
- The *Verification Code* field indicates whether the TPL resource has been verified and how it was verified.
- The *Verification Date* field displays the date the resource was verified.
- The *Absent Parent Indicator* field displays a *Yes* or *No* to indicate whether or not the policyholder is an absent parent.
- The *Last Change Date* field displays the last date the TPL record was changed.
- The *BIN* field displays the bank's identification number (pharmacy only) that the carrier uses when paying Wisconsin Medicaid for claims.
- The *PCN* field displays the processor control number (pharmacy only).

Coverage Panel

1. Select **Coverage** from the TPL menu. The Coverage panel will be displayed.

- Click the applicable row to populate information in the fields on the panel.

The Coverage Panel displays a table with the following data:

| Coverage Code | Coverage Description | Coverage Start Date | Coverage End Date |
|---------------|----------------------|---------------------|-------------------|
| 02 | MAJOR MED | 01/01/2009 | 12/31/2009 |

Below the table, there are input fields for each column:

- Coverage Code: 02
- Coverage Description: MAJOR MED
- Coverage Start Date: 01/01/2009
- Coverage End Date: 12/31/2009

At the bottom right, there are buttons for "delete" and "add".

Figure 104 Coverage Panel

The Coverage panel may include the following information:

- The *Coverage Code* field displays a code that indicates what type of coverage the TPL policy provides.
- The *Coverage Description* field displays a description for the code in the Coverage Code field.
- The *Coverage Start Date* and *Coverage End Date* fields display the effective dates of the coverage.

Members of Policy Panel

The Members of Policy panel lists all members covered under the TPL policy and displays basic information such as the member ID, last and first name, SSN, and DOB.

- Select **Members of Policy** from the TPL menu. The Members of Policy panel will be displayed.

The Members of Policy Panel displays a table with the following data:

| Member ID | Member Last Name | MemberFirst Name | Member SSN | Member DOB |
|------------|------------------|------------------|-------------|------------|
| 0987654321 | MEMBER | IM A | 000-00-0000 | 04/14/1988 |
| 0001112224 | MEMBER | IAMA | 111-11-1111 | 04/18/1981 |
| 0123456789 | MEMBER | IAM | 222-22-2222 | 01/01/1970 |

Figure 105 Members of Policy Panel

- To view more information for a particular member, click the applicable row. The TPL Information panel will open in a new window and will display information about the selected member.

The TPL Information Panel displays the following information:

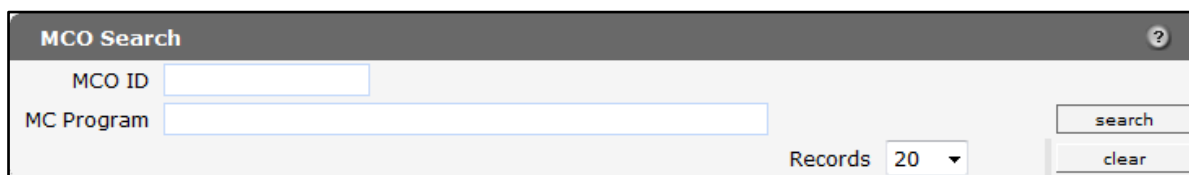
| | | |
|---------------------------|------------------------------------|-------------------------------|
| Member ID: 0987654321 | Policy Number: 0000000000 | Carrier Number: 000 |
| Member Name: MEMBER, IM A | Policyholder Name: MEMBER IAMA | Carrier Name: XYZ HEALTH PLAN |
| Member SSN: 000-00-0000 | Policyholder SSN: 111-11-1111 | Policy Start Date: 01/01/2011 |
| MMIS Case: 1111111111 | Policy Type: PRIVATE PAY HEALTH IN | Policy End Date: 12/31/2299 |

Figure 106 TPL Information Panel

6 Managed Care

6.1 MCO Search

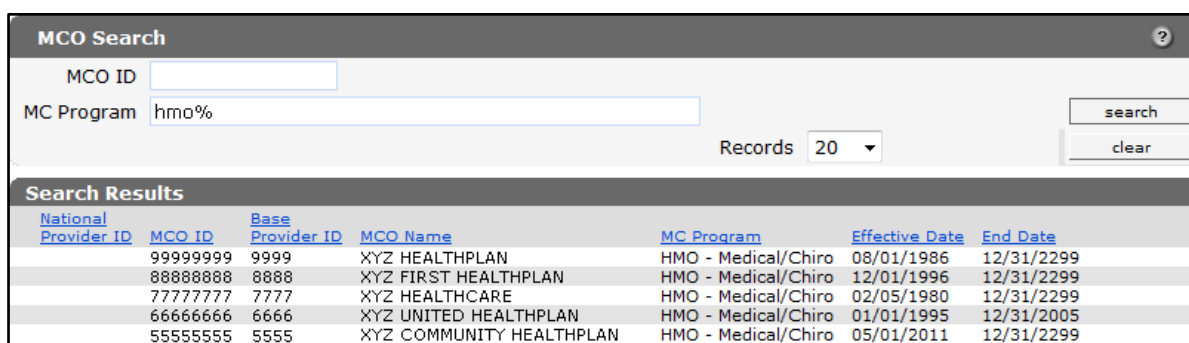
1. On the iC Functionality page, click **MCO Search**. The MCO Search panel will be displayed.



The MCO Search panel features a header with a question mark icon. Below the header, there are two input fields: 'MCO ID' and 'MC Program'. To the right of these fields is a 'search' button. Below the 'MC Program' field is a 'clear' button. At the bottom right, there is a 'Records' label followed by a dropdown menu set to '20'.

Figure 107 MCO Search Panel

2. Enter information in either the MCO ID field or the MC Program field.
 - If you are unsure of the exact MC program, use the percent symbol (%) as a wildcard search character after a word to display all MC programs containing that word. For example, to find a non-SSI HMO, enter HMO% in the MC Program field. To find an SSI HMO, enter SSI% in the MC Program field.
 - If you are unsure of the MCO ID and the MC program, leave the search fields blank to display all the available MC programs.
3. Click **search**. If only one record is found, the MCO Information Page will be displayed. If multiple records are found, a Search Results panel will be displayed.



The MCO Search Results panel displays a table of search results. The table has columns for National Provider ID, MCO ID, Base Provider ID, MCO Name, MC Program, Effective Date, and End Date. The search criteria entered are 'hmo%' in the MC Program field. The results show five records for HMO - Medical/Chiro programs.

| National Provider ID | MCO ID | Base Provider ID | MCO Name | MC Program | Effective Date | End Date |
|----------------------|--------|------------------|--------------------------|---------------------|----------------|------------|
| 99999999 | 9999 | 9999 | XYZ HEALTHPLAN | HMO - Medical/Chiro | 08/01/1986 | 12/31/2299 |
| 88888888 | 8888 | 8888 | XYZ FIRST HEALTHPLAN | HMO - Medical/Chiro | 12/01/1996 | 12/31/2299 |
| 77777777 | 7777 | 7777 | XYZ HEALTHCARE | HMO - Medical/Chiro | 02/05/1980 | 12/31/2299 |
| 66666666 | 6666 | 6666 | XYZ UNITED HEALTHPLAN | HMO - Medical/Chiro | 01/01/1995 | 12/31/2005 |
| 55555555 | 5555 | 5555 | XYZ COMMUNITY HEALTHPLAN | HMO - Medical/Chiro | 05/01/2011 | 12/31/2299 |

Figure 108 MCO Search Results Panel

- To sort the results, click on a column heading. Clicking a column heading once will sort the results in ascending order by that column. Clicking the column twice will sort the results in descending order.
- Click the applicable record from the Search Results panel. The MCO Information page will be displayed.

Note: The [“Quick Search”](#) allows users to search for a different MCO record using an MCO ID or MC provider type.

6.1.1 MCO Information Panel

| | | | |
|------------|---------------------|----------------|------------|
| MCO ID | 99999999 MCD | Effective Date | 12/01/1996 |
| MCO Name | XYZ HEALTH PLAN | End Date | 12/31/2299 |
| MC Program | HMO - Medical/Chiro | | |

Figure 109 MCO Information Panel

The MCO Information panel may include the following information:

- The *MCO Name* field displays the business name of the MCO.
- The *MC Program* field displays what type of program the MCO is.
- The *Effective Date* and *End Date* fields display the duration of the MCO enrollment.

6.1.2 MCO Panel

| | | | |
|--------------------------------|------------|-------------------|--------------|
| MCO ID 99999999 MCD | | Current Enrollees | 0 |
| MCO Name XYZ HEALTH PLAN | | Future Enrollees | 0 |
| MC Program HMO - Medical/Chiro | | Age Restriction | HMO 0 - 9999 |
| 24 Hour Phone | 5551234567 | Effective Date | 12/01/1996 |
| Output Media | Electronic | End Date | 12/31/2299 |
| Autoassign | Yes | | |
| Reassign - 90 days | Yes | | |
| Reassign - 6 months | Yes | | |
| Member Choice | Yes | | |
| Services Dual Eligibles | No | | |

Figure 110 MCO Panel

The MCO panel may include the following information:

- The *24 Hour Phone* field displays the telephone number (and extension, if applicable) of the MCO's 24-hour telephone service.
- The *Output Media* field indicates how the MCO is receiving reports (e.g., paper, electronic, or both).
- The *Autoassign* field indicates if members may be automatically assigned to the MCO.
- The *Reassign — 90 days* field indicates if the MCO will accept a system reassignment of members within 90 days of their disenrollment even if the MCO has exceeded maximum enrollment.
- The *Reassign — 6 months* field indicates if the MCO will accept a system reassignment of members between 90 days and 6 months of their disenrollment.

- The *Member Choice* field indicates if members can choose to be enrolled in the selected MCO.
- The *Services Dual Eligibles* field indicates if the MCO accepts members who are eligible for both Medicaid and Medicare.
- The *Current Enrollees* field displays the number of members who are currently enrolled in the MCO.
- The *Future Enrollees* field displays the number of members who will be enrolled in the MCO on the first day of the next month.
- The *Age Restriction* field displays the age range of members who can be enrolled in the MCO (e.g., FosterCare 0-17, SSI >18, no age restriction).

6.1.3 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the MCO menu option.

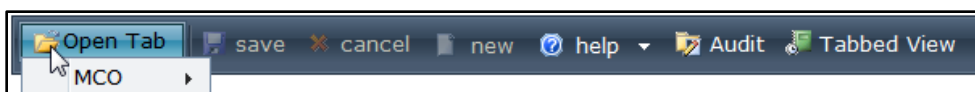


Figure 111 Open Tab Menu

MCO Menu

Hover over MCO on the Open Tab menu to display MCO menu options.

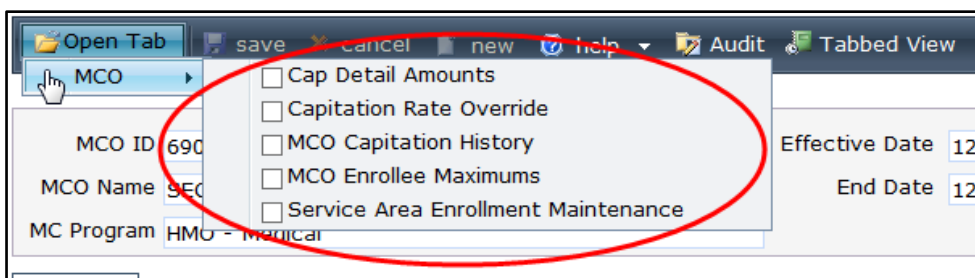


Figure 112 MCO Menu

Cap Detail Amounts Panel

The Cap Detail Amounts panel displays the detail amounts of the capitation payments per region of the MCO/rate cell combination entered.

1. Select **Cap Detail Amounts** from the MCO menu. The Cap Detail Amounts panel will be displayed.
2. Enter a rate cell.
3. Click **search**.

- Click the applicable row in the “Capitation Amounts Breakdown” section. This will populate information in this section and the “Medical Payments” section.
- Click an applicable row to populate the Payment Type and Amount fields in the “Medical Payments” section.

Cap Detail Amounts X

Rate Cell PSTSM

Records 5

search

clear

Search Results

| Rate Cell | Description | Effective Date | End Date |
|-----------|--------------------------------------|----------------|------------|
| PSTSM | CCE/CLA/ECO, Intensive Skilled Nurs. | 01/01/2000 | 12/31/2299 |

Capitation Amounts Breakdown-

| MC Service Area | Effective Date | End Date |
|-----------------------|----------------|------------|
| State Wide Capitation | 12/01/2014 | 12/31/2299 |

MC Service Area State Wide Capitation Effective Date 12/01/2014

Total Medical \$4465.22 End Date 12/31/2299

Total Access \$0.00 [Details]

Total Capitation \$4465.22

Medical Payments-

| Payment Type | Detail Type | Group Type | Child Group Type | Logic Type | Calc Level | Amount | Rate | Override | Report |
|-----------------------|-------------|------------|------------------|------------|------------|------------|------|----------|--------|
| MEDICAL PMPM | MEDPM | LTCTOT | MEDSUB | SUBT | 1 | \$602.43 | 0 | Yes | Yes |
| MEDICAL | MED | MEDSUB | | FITBS | 2 | \$602.43 | 0 | Yes | Yes |
| ADMIN PMPM | ADMPM | LTCADM | | FIXED | 1 | \$123.83 | 0 | Yes | Yes |
| LONG TERM CARE PMPM | LTCPM | LTC | | FIXED | 1 | \$3,738.96 | 0 | Yes | Yes |
| COST SHARE (LTC ONLY) | CSSHR | CSTSHR | | CSTSR | 1 | \$0.00 | 0 | | Yes |

Payment Type ADMIN PMPM Amount \$123.83

Figure 113 Cap Detail Amounts Panel

The Cap Detail Amounts panel may include the following information:

- The *MC Service Area* field displays the region or part of the state to which the rate cell applies.
- The *Total Medicaid* field displays the total of the medical detail amounts for the rate cell.
- The *Total Access* field displays the total of the Access detail amounts for the rate cell.
- The *Total Capitation* field displays the combined Total Medical and Total Access detail amounts for the rate cell.
- The *Effective Date* field displays the start or initial date for which the rate cell and amount is effective.
- The *End Date* field displays the last day for which the rate cell and associated amount is effective.
- The *Payment Type* field displays the payment type for the selected detail.
- The *Amount* displays the amount of the selected detail.

Capitation Rate Override Panel

The Capitation Rate Override panel is used by ForwardHealth to override the standard capitation rates for a specific MCO. Unless an override rate is entered, the rate specified in the Standard Capitation Rates panel will be utilized for the given capitation rate cell.

1. Select **Capitation Rate Override** from the MCO menu. The Capitation Rate Override panel will be displayed.

Capitation Rate Override X

Rate Cell [Search] search

Records clear

| MC Service Area | Rate Cell | Override Amount | Effective Date | End Date |
|----------------------------|--------------------|-----------------|----------------|------------|
| HMO REGION 04 MADISON | ZHR01 - HMO Access | \$0.00 | 06/01/2015 | 06/30/2015 |
| HMO REGION 01 NORTH | ZHR01 - HMO Access | \$0.00 | 06/01/2015 | 06/30/2015 |
| HMO REGION 03 WEST CENTRAL | ZHR01 - HMO Access | \$0.00 | 06/01/2015 | 06/30/2015 |
| HMO REGION 05 SOUTH | ZHR01 - HMO Access | \$0.00 | 06/01/2015 | 06/30/2015 |
| HMO REGION 02 NORTHEAST | ZHR01 - HMO Access | \$0.00 | 06/01/2015 | 06/30/2015 |
| HMO REGION 06 MILWAUKEE | ZHR01 - HMO Access | \$0.00 | 06/01/2015 | 06/30/2015 |
| HMO REGION 04 MADISON | ZHR01 - HMO Access | \$0.00 | 07/01/2015 | 12/31/2299 |
| HMO REGION 01 NORTH | ZHR01 - HMO Access | \$0.00 | 07/01/2015 | 12/31/2299 |
| HMO REGION 03 WEST CENTRAL | ZHR01 - HMO Access | \$0.00 | 07/01/2015 | 12/31/2299 |
| HMO REGION 05 SOUTH | ZHR01 - HMO Access | \$0.00 | 07/01/2015 | 12/31/2299 |

1 2 3 4 5 6 7 8 9 10 ... Next

MC Service Area Effective Date

Rate Cell End Date

Override Amount

delete add

Figure 114 Capitation Rate Override Panel

The Capitation Rate Override panel may include the following information:

- The *MC Service Area* displays the area served by the MCO.
- The *Rate Cell* displays the capitation rate that represents the various groups of demographics for managed care members.
- The *Override Amount* displays the amount of the capitation rate cell override.
- *Effective Date* indicates the day that the capitation rate cell override begins.
- *End Date* indicates the last day of the capitation rate cell override.

MCO Capitation History Panel

1. Select **MCO Capitation History** from the MCO menu. The MCO Capitation History panel will be displayed. The MCO Capitation History panel lists all of the capitation transactions ever made to a specified MCO.
2. Enter the criteria by which you wish to search, such as Member ID.

3. Click **search**. The Search Results panel will be displayed.

MCO Capitation History ✕

Member ID Capitation Begin Date
MCO ID 99999999 Capitation End Date
Capitation Txn ID Rate Cell [Search]

Records 10 ▼

search
clear

Search Results

| MCO ID | Member ID | Txn ID | Rate Cell | Capitation Begin Date | Capitation End Date | Capitation Txn Date | Capitation Amount | Cost Share Amount | Capitation Reason | Adjusted |
|-------------------------------|---------------------------|------------------------|---------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------|
| 99999999 MCD | 0987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 2987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 3987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 4987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 5987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 6987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 7987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 8987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 9987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| 99999999 MCD | 1987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$53.50 | \$0.00 | PN | |
| TotalAmount Paid:\$12,338.13 | | | | | | | | | | |
| 1 2 3 4 5 6 7 8 9 10 ... Next | | | | | | | | | | |

Figure 115 MCO Capitation History Panel

- Click the record you wish to view. The capitation details for the selected record will be displayed.

Search Results

| MCO ID | Member ID | Txn ID | Rate Cell | Capitation Begin Date | Capitation End Date | Capitation Txn Date | Capitation Amount | Cost Share Amount | Capitation Reason | Adjusted |
|-----------------------------|------------|-----------|-----------|--------------------------|------------------------|------------------------|----------------------|----------------------|----------------------|----------|
| 99999999 MCD | 0987654321 | 000000000 | RSWZ3 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$5.69 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | ZHR01 | 10/01/2015 | 10/31/2015 | 10/02/2015 | \$60.19 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | AHRG1 | 10/01/2015 | 10/31/2015 | 10/01/2015 | \$148.80 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | ZHR01 | 09/01/2015 | 09/30/2015 | 09/04/2015 | \$60.19 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | RSWZ3 | 09/01/2015 | 09/30/2015 | 09/04/2015 | \$5.69 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | AHRG1 | 09/01/2015 | 09/30/2015 | 09/04/2015 | \$148.80 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | ZHR01 | 08/01/2015 | 08/31/2015 | 08/12/2015 | \$60.19 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | AHRG1 | 08/01/2015 | 08/31/2015 | 08/07/2015 | \$148.80 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | RSWZ3 | 08/01/2015 | 08/31/2015 | 08/07/2015 | \$5.69 | \$0.00 | PN | |
| 99999999 MCD | 0987654321 | 000000000 | ZHR01 | 07/01/2015 | 07/31/2015 | 08/05/2015 | \$60.19 | \$0.00 | PN | |
| TotalAmount Paid:\$5,970.21 | | | | | | | | | | |
| 1 2 3 4 5 6 7 Next | | | | | | | | | | |

Member ID

0987654321

Days Paid

31

Name

MEMBER, IMA

Capitation Begin Date

10/01/2015

MCO ID

99999999 MCD

Capitation End Date

10/31/2015

MCO Name

XYZ TRANSPORTATION MANAGEMENT

Capitation Txn ID

101364362

Rate Cell

RSWZ3 - Transportation - Tier 3

Capitation Txn Date

10/02/2015

MC Service Area

State Wide Capitation

Capitation Amount

\$5.69

Capitation Reason

PN - Payment - Normal

Cost Share Amount

\$0.00

MC Program

Transportation Manager

Original Txn ID

Adjusting Txn ID

Medical Status Code

BL

Medicare Coverage

No

Capitation Month

10/2015

FINANCIAL DETAILS:

Payee ID

12345678

Check/EFT Number

000059051 C

Payment Amount

\$324,431.24

Payment Date

10/06/2015

Payment Status

I

Figure 116 Capitation Details

The Capitation Details panel may include the following information:

- Capitation Reason* displays the reason for the capitation.
- Original Txn ID* uniquely identifies the original capitation transaction in the system. If a user is looking at an adjusting transaction, this field will be populated with the number uniquely identifying the capitation transaction that is being adjusted.
- Adjusting Txn ID uniquely identifies the adjusting capitation transaction in the system. If a user is looking at an original transaction, this field will be populated with the number uniquely identifying the capitation transaction that is adjusting the original transaction.
- Medical Status Code* represents the type of aid/benefit plan for which a member is eligible.
- Medicare Coverage* indicates if a member had Medicare coverage in effect at the time the payment issued. *Yes* indicates Medicare coverage was in effect, and *No* indicates that Medicare coverage was not in effect.

- *Capitation Month* is the month covered by the capitation payment.
- *Days Paid* displays the number of days covered by the payment.
- *Capitation Begin Date* displays the first day covered by the capitation payment.
- *Capitation End Date* displays the last day covered by the capitation payment.
- *Capitation Txn Date* displays the date the capitation transaction was created. If the transaction is for a retro month the date is still the current month.
- *Capitation Txn ID* uniquely identifies the capitation transaction in the system.
- *Capitation Amount* is the amount of money (check or EFT) paid to the managed care organization for capitation.
- *Payee ID* uniquely identifies the managed care organization that will receive the payment.

MCO Enrollee Maximums Panel

The MCO Enrollee Maximums panel displays an MCO's enrollment limit. This panel and its associated information apply to a specific MCO ID and not to a service area.

1. Select **MCO Enrollee Maximums** from the MCO menu. The MCO Enrollee Maximums panel will be displayed.

| Maximum Enrollee | Effective Date | End Date |
|------------------|----------------|------------|
| 40000 | 12/01/1996 | 12/31/2299 |

Maximum Enrollee Effective Date
End Date

add

Figure 117 MCO Enrollee Maximums Panel

The MCO Enrollee Maximums panel may include the following information:

- *Maximum Enrollee* is the maximum number of clients that the MCO will accept for assignment.
- *Effective Date* displays the effective date of the current MCO enrollee maximum.
- *End Date* is the date the MCO maximum enrollee limit is no longer valid.

Service Area Enrollment Maintenance Panel

The Service Area Enrollment Maintenance panel displays information regarding the geographical service areas of the state in which the MCO is enrolled.

If there are multiple records, users can narrow down the list by using the search feature to search by county code or ZIP code.

1. Select **Service Area Enrollment Maintenance** from the MCO menu. The Service Area Enrollment Maintenance panel will be displayed.

Service Area Enrollment Maintenance X

County Code
Zip Code

Records 10 ▼

search

clear

| MC Service Area | Effective Date | End Date | Primary Service Area | Hold New Enrollment | Assigned By External Entity | Enrollment Status |
|---------------------|----------------|------------|----------------------|---------------------|-----------------------------|-------------------|
| COUNTY 29 ZIP 55555 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 39 ZIP 44444 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 58 ZIP 33333 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 86 ZIP 33333 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 42 ZIP 33333 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 42 ZIP 33333 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 58 ZIP 11111 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 86 ZIP 11111 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 58 ZIP 44444 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |
| COUNTY 86 ZIP 44444 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |

1 2 3 4 5 6 7 8 9 10 ... Next

MC Service Area

Effective Date

End Date

Primary Service Area

Hold New Enrollment

Enrollment Status

Assigned By External Entity

Decertification Reason

Decertification Date

Transfer MCO ID

Transfer MCO Name

Transfer Effective Date

add

Figure 118 Service Area Enrollment Maintenance Panel

2. Enter a county or ZIP code.
3. Click **search**. The results of the search will be displayed in the list area of the panel.

- Click the row you wish to review. The fields on the panel will populate with the information for the selected record.

Service Area Enrollment Maintenance X

County Code

Zip Code

Records

| MC Service Area | Effective Date | End Date | Primary Service Area | Hold New Enrollment | Assigned By External Entity | Enrollment Status |
|---------------------------------|--------------------------------|--------------------------|--------------------------------------|-------------------------------------|---|-----------------------------------|
| COUNTY 29 ZIP 55555 | 01/01/1900 | 12/31/2299 | No | No | No | Enrolled |

MC Service Area

Effective Date

End Date

Primary Service Area

Hold New Enrollment

Enrollment Status

Assigned By External Entity

Disenrollment Information

Decertification Reason

Decertification Date

Transfer MCO ID

Transfer MCO Name

Transfer Effective Date

Figure 119 Service Area Enrollment Maintenance Panel Search Results

The Service Area Enrollment Maintenance panel may include the following information:

- MC Service Area* is the defined geographical area where an MCO provides health services to eligible members who reside within the area.
- Effective Date* displays the date the MCO service area is available.
- End Date* displays the last day the MCO service area is available.
- Primary Service Area* indicates if the service area is a primary or extended service area for the selected MCO.
- Hold New Enrollment* specifies if a MCO service area is accepting new members.
- Assigned By External Entity* indicates if the region is auto-assigned to the provider by an outside entity such as the CARES Access HMO Selection Tool.
- Decertification Reason* displays the reason the MCO was decertified in that area if any.
- Decertification Date* displays the date the MCO was recertified.
- Transfer MCO ID identifies the MCO into which members will be transferred.
- Transfer MCO Name* displays the name of the transfer MCO.
- Transfer Effective Date is the effective date of the transfer of members to a new MCO.

6.2 MCO Enrollment

On the iC Functionality page, click **MCO Enrollment**. The navigation toolbar will be displayed.

6.2.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the MCO Enrollment menu option.



Figure 120 Open Tab Menu

MCO Enrollment Menu

Hover over MCO Enrollment on the Open Tab menu to display MCO enrollment menu options.

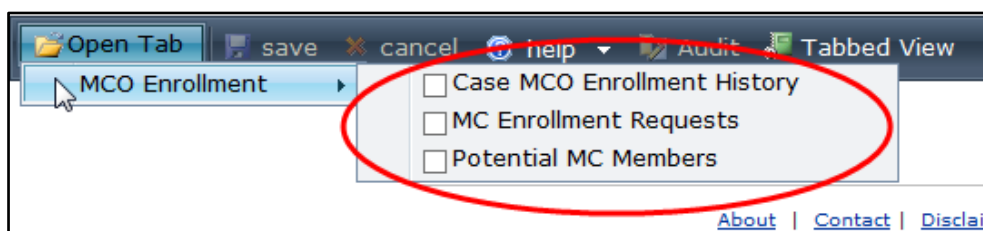


Figure 121 MCO Enrollment Menu

Case MCO Enrollment History Panel

The Case MCO Enrollment History panel displays all the members associated with a specific case.

1. Click **Case MCO Enrollment History** from the MCO Enrollment menu. The Case MCO Enrollment History panel will be displayed.

A screenshot of the 'Case MCO Enrollment History' panel. The panel has a title bar with the text 'Case MCO Enrollment History' and a close button. Below the title bar, there are two input fields: 'Case Number' and 'Case Name'. To the right of these fields are two buttons: 'search' and 'clear'.

Figure 122 Case MCO Enrollment History Panel

2. Enter the case number in the Case Number field.

Note: The Case Name field is read-only.

3. Click **search**. If only one record is found, the Search Results panel will be displayed, and information will populate the "Selected Member MCO Enrollment History" section. If multiple records are found, the records will be displayed in the Search Results panel.

- Click the applicable record from the Search Results panel.
- Click the applicable record from the “Selected Member MCO Enrollment History” section. Information will populate the “Selected Member MCO Enrollment History” section.

Search Results

| Member ID | Name | Gender | Date of Birth | Date of Death |
|------------|------------|--------|---------------|---------------|
| 0987654321 | MEMBER, IM | Male | 01/01/1980 | |

-Selected Member MCO Enrollment History-

| MCO ID | MCO Name | MC Program | MC Service Area | Effective Date | End Date | Lock-In Date | Status |
|----------|----------------|---------------|-----------------------|----------------|------------|--------------|--------|
| 99999999 | XYZ HEALTHPLAN | HMO - Medical | State Wide Enrollment | 07/01/2010 | 07/31/2010 | 06/30/2011 | Active |

MCO ID: 99999999 - XYZ HEALTHPLAN - HMO - Medical
 MC Program: HMO - Medical
 MC Service Area: State Wide Enrollment
 Start Reason:
 Stop Reason: 81 - System Assigned - Eligibility ended
 Effective Date: 07/01/2010
 End Date*: 07/31/2010
 Lock-In Date: 06/30/2011
 Status: Active
 Enrollment Source: Health Care Authority

add

Figure 123 Selected Member MCO Enrollment History Section

Change End Date

- Enter the changed end date in the End Date field.
- Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the applicable row in the “Selected Member MCO Enrollment History” section will be updated.

Change Status

- Click the **Status** arrow to view the menu options.
- Select the applicable status.
- Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the applicable row in the “Selected Member MCO Enrollment History” section will be updated.

Change Stop Reason

- Click the **Stop Reason** arrow to view the menu options.
- Select the applicable stop reason.
- Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar.

Add New Information

1. Click **add**. A row will be added to the “Selected Member MCO Enrollment History” section.

The screenshot shows a web application interface for managing MCO enrollment history. At the top, there is a search bar with fields for 'Case Number' (000000000) and 'Case Name' (MEMBER, IM), along with 'search' and 'clear' buttons. Below this is a 'Search Results' section with a table listing member information. The main section is titled 'Selected Member MCO Enrollment History' and contains a table with columns: MCO ID, MCO Name, MC Program, MC Service Area, Effective Date, End Date, Lock-In Date, and Status. The table shows two rows: one for MCO ID 'A' with an effective date of 11/01/2015 and end date of 12/31/2299, and another for MCO ID '99999999' with an effective date of 07/01/2010 and end date of 08/31/2010. Below the table is a form to add a new row, with fields for MCO ID (a drop-down menu), MC Program, MC Service Area, Effective Date, End Date*, Lock-In Date, Start Reason, Stop Reason, Status, and Enrollment Source. An 'add' button is located at the bottom right of the form.

| Member ID | Name | Gender | Date of Birth | Date of Death |
|------------|------------|--------|---------------|---------------|
| 0987654321 | MEMBER, IM | Male | 01/01/1980 | |

| MCO ID | MCO Name | MC Program | MC Service Area | Effective Date | End Date | Lock-In Date | Status |
|----------|--------------------|---------------|-----------------------|----------------|------------|--------------|----------|
| A | | | | 11/01/2015 | 12/31/2299 | | Active |
| 99999999 | MCD XYZ HEALTHPLAN | HMO - Medical | State Wide Enrollment | 07/01/2010 | 08/31/2010 | 06/30/2011 | Inactive |

Figure 124 Row Added to Selected Member MCO Enrollment History Section

2. Select the applicable MCO from the MCO ID drop-down menu.
3. Click to the side of the MCO ID field to populate the selected information in the added row and in the fields on the panel.
4. Select a start reason.
5. Select a stop reason, if applicable.
6. Enter the end date of the member’s MCO enrollment. If there is no specific end date, enter 12/31/2299.
7. Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar.

MC Enrollment Requests Panel

This panel is not currently used by ForwardHealth.

The MC Enrollment Requests panel displays members who are not currently eligible for enrollment in a MCO, but who have contacted an enrollment broker and have requested to be automatically enrolled in the MCO once their eligibility information is received.

Figure 125 MC Enrollment Requests Panel

Potential MC Members Panel

The Potential MC Members panel displays members who are eligible for a specified managed care program but are not yet enrolled.

1. Select **Potential MC Members** from the MCO Enrollment menu. The Potential MC Members panel will be displayed.
2. Enter information in or select information for any of the fields on the panel.
3. Click **search**. The results will be displayed in the Search Results panel.

| Member ID | Name | MC Program | County | Zip Code | Date Added | Enrollment Status | Potential Enrollment Date | Enrollment Status | Transfer MCO ID |
|------------|------------|------------|--------|----------|------------|-------------------|---------------------------|----------------------|-----------------|
| 0987654321 | MEMBER, IM | SSI | ANY | 55555 | 06/23/2014 | 06/23/2014 | 09/01/2014 | SSI Mandatory Notice | |

Figure 126 Search Results Panel

The Search Results panel may include the following information:

- The *Date Added* column indicates when the member was added to iC as a potential managed care member.
- The *Enrollment Status Date* column indicates when the member was placed in his or her current enrollment status.
- The *Potential Enrollment Date* column indicates when the member is sent an enrollment packet. The potential enrollment date is used as the enrollment effective date that signifies when the member is auto-assigned to a MCO.
- The *Enrollment Status* column displays the stage of the member's enrollment.
- The *Transfer MCO ID* column displays the MCO to which the member is attempting to be transferred, if applicable.
- The *Transfer Start Date* column displays the effective date that the member should start with the new MCO. This column applies only to transferring members.

6.3 Related Data

On the iC Functionality page, click **Related Data**. The navigation toolbar will be displayed.

6.3.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu displays three different menu options; Codes, Other, and Xref.

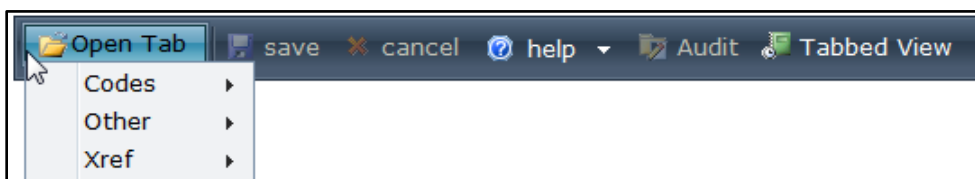


Figure 127 Open Tab Menu

Codes Menu

Hover over Codes on the Open Tab menu to display codes menu options.

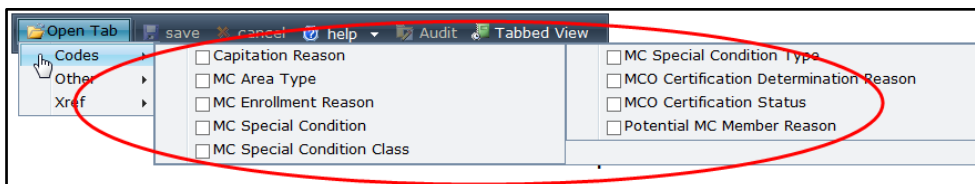


Figure 128 Codes Menu

Capitation Reason Panel

The Capitation Reason panel displays the reason codes and descriptions indicating why capitation payments and adjustments were created.

1. Select **Capitation Reason** from the Codes menu. The Capitation Reason panel will be displayed.

| Capitation Reason ✕ | | | |
|---|---------------------------------------|---|------------------------------------|
| Capitation Reason Code | Description | Adjustment Reason | Payment/Recoupment |
| PA | Payment - Adjustment Payment | Yes | Payment |
| PC | Payment - Demographic Change | Yes | Payment |
| PE | Payment - Member Elig. Adjustment | Yes | Payment |
| PN | Payment - Normal | No | Payment |
| PR | Payment - Rate Change Mass Adjustment | Yes | Payment |
| RA | Recoupment - Adjustment | Yes | Recoupment |
| RC | Recoupment - Demographic Change | Yes | Recoupment |
| RD | Recoupment - Death Auto-Recon | No | Recoupment |
| RE | Recoupment - Member Elig. Adjustment | Yes | Recoupment |
| RF | Recoupment - Adjustment Auto-Recon | Yes | Recoupment |
| 1 2 Next | | | |
| Capitation Reason Code <input type="text"/> | | Adjustment Reason <input type="text" value="No"/> | |
| Description <input type="text"/> | | Payment/Recoupment <input type="text"/> | |
| | | | <input type="button" value="add"/> |

Figure 129 Capitation Reason Panel

The Capitation Reason panel may include the following information:

- *Capitation Reason Code* displays the code indicating the reason the capitation is being done.
- *Description* describes the capitation reason code.
- *Adjustment Reason* indicates whether this reason code can be used for an adjustment.
- *Payment/Recoupment* specifies if the reason is for payments or recoupments. Valid values are *Payment* and *Recoupment*.

MC Area Type Panel

The MC Area Type panel displays the Managed Care area type definitions for service areas.

| MC Area Type ✕ | | |
|----------------|-------------|---------|
| Area Type | Description | Ranking |
| C | County | 2 |
| S | State | 3 |
| B | Both | 1 |

Figure 130 MC Area Type Panel

1. Select **MC Area Type** from the Codes Menu. The MC Area Type panel will be displayed.

The MC Area Type panel may include the following information:

- *Area Type* displays the code that represents the type of geographical area.

- *Description* describes the type of geographical area.
- *Ranking* indicates the ranking used to determine which area a region a particular area is in.

MC Enrollment Reason Panel

The MC Enrollment Reason panel displays the start and stop reason codes and descriptions for managed care enrollments.

1. Select **MC Enrollment Reason** from the Codes Menu. The MC Enrollment Reason panel will be displayed.

The screenshot shows the 'MC Enrollment Reason' panel. It features a table with columns for 'Reason', 'Description', and 'Type'. Below the table is a form with fields for 'Enrollment Reason', 'Description', and 'Type' (a dropdown menu), and an 'add' button.

| Reason | Description | Type |
|--------|--|------------------------------|
| 01 | uat | Enrollment Start Reason Only |
| 38 | Manual HMO Assignment in HST Region Not Assigned by RT36. Do Not Term During HST Transition. | Enrollment Start Reason Only |
| 43 | System Assigned - Care4Kids System Assignment | Enrollment Start Reason Only |
| 36 | System Assigned - ADDED BY CARES RT36 TRANSACTION | Enrollment Start Reason Only |
| 86 | System Assigned - ENDED BY CARES RT36 TRANSACTION | Enrollment Stop Reason Only |
| 08 | System Assigned - Newborn Auto-Assignment | Enrollment Start Reason Only |
| 51 | System Assigned - CASE_STOP_REASON | Enrollment Stop Reason Only |
| 52 | System Assigned - CASE_START_REASON | Enrollment Start Reason Only |
| 53 | System Assigned - CLM_HIST_START_REASON | Enrollment Start Reason Only |
| 54 | System Assigned - DEFAULT_START_REASON | Enrollment Start Reason Only |

1 2 3 4 Next

Enrollment Reason:

Description:

Type:

add

Figure 131 MC Enrollment Reason Panel

The MC Enrollment Reason panel may include the following information:

- *Enrollment Reason* displays the code that identifies the start and stop reason for client MC enrollments.
- *Description* describes the reason a client was assigned to a MCO, or the reason for decertification of the client from a MCO.
- *Type* indicates if a reason code is used as only a start reason, a stop reason, or both.

MC Special Condition Panel

The MC Special Condition panel includes a search panel that allows users to search for special condition codes using either the code or description.

1. Select **MC Special Condition** from the Codes Menu. The MC Special Condition panel will be displayed.

The screenshot shows the 'MC Special Condition' panel. At the top, there is a search section with a 'Special Condition' input field, a 'Description' input field, a 'Records' dropdown set to '20', and 'search' and 'clear' buttons. Below this is a 'Search Results' section containing a table of special conditions. The table has columns for 'Special Condition', 'Description', 'Aged Threshold', and 'Aged Threshold Period'. The results list various codes like L01 through L06, SNF, ICF, ISN, SN1, IC1, IS1, E71 through E78, each with a description and a threshold value. At the bottom of the table are pagination links: '1 2 3 Next'. Below the table is another search section with 'Special Condition', 'Description', 'Aged Threshold', and 'Aged Threshold Period' input fields, and an 'add' button.

| Special Condition | Description | Aged Threshold | Aged Threshold Period |
|-------------------|--|----------------|-----------------------|
| L01 | Grandfathered (Non-MA) | 0 | |
| L02 | Grandfathered (MA) | 0 | |
| L03 | Non-Nursing Home Level of Care (Non-MA) | 0 | |
| L04 | Non-Nursing Home Level of Care (MA) | 0 | |
| L05 | Nursing Home Level of Care (Non-MA) | 0 | |
| L06 | Nursing Home Level of Care (MA) | 0 | |
| SNF | CCE/CLA/ECO - Skilled Nursing Facility | 0 | |
| ICF | CCE/CLA/ECO - Intermediate Care Facility | 0 | |
| ISN | CCE/CLA/ECO - Intensive Skilled Nursing | 0 | |
| SN1 | CHP - Skilled Nursing Facility | 0 | |
| IC1 | CHP - Intermediate Care Facility | 0 | |
| IS1 | CHP - Intensive Skilled Nursing | 0 | |
| E71 | SSI Opt Out | 0 | |
| E72 | SSI Waiver Program Opt Out | 0 | |
| E73 | Commercial Insurance | 0 | |
| E74 | Native American | 0 | |
| E75 | Migrant Worker | 0 | |
| E76 | Commercial HMO | 6 | Months |
| E77 | Federally Qualified Health Center (FQHC) | 12 | Months |
| E78 | Nurse Midwife/Practitioner | 9 | Months |

Figure 132 MC Special Condition Panel

The Search Results panel displays the Managed Care Special Condition codes and descriptions. There are three types of special condition codes on this panel that are used differently by interChange to display:

- Different types of LOC
- Exemptions from a MC program
- Whether the standard capitation rate should be overridden if a special condition code is present

Examples of special conditions may include pregnancy and voluntary MC enrollment.

The MC Special Conditions panel may include the following information:

- *Special Condition* displays a code that uniquely represents the special condition.
- *Description* describes the special condition.
- *Aged Threshold* displays the age threshold that triggers which members are reported on the Aged Exemption Report. If the Aged Threshold is zero, the special condition will not be selected for the report.
- *Aged Threshold Period* displays the threshold period that identifies the period of time the aged threshold represents. Valid values are:
 - o *Space/Blank* — Aged exemption reporting does not apply to this special condition.
 - o *D* — The Aged Threshold number represents a number of days.
 - o *M* — The Aged Threshold number represents a number of months.

MC Special Condition Class Panel

The MC Special Condition Class panel associates a Managed Care Special Condition with either a member (recipient) or managed care provider.

1. Select **MC Special Condition Class** from the Codes Menu. The MC Special Condition Class panel will be displayed.

| MC Special Condition Class X | |
|------------------------------|-------------|
| Special Condition Class | Description |
| RCP | RECIPIENT |
| PMP | PROVIDER |

Special Condition Class

Description

Figure 133 MC Special Condition Class Panel

MC Special Condition Type Panel

The MC Special Condition Type panel displays the Managed Care Special Condition type and description. A special condition type allows a class of special conditions to be used for multiple purposes. For example, a member special condition may be used for capitation override purposes as well as other reporting purposes.

1. Select **MC Special Condition Type** from the Codes Menu. The MC Special Condition Type panel will be displayed.

| Special Condition Type | Description |
|------------------------|---|
| KIL | UAT Testing |
| INT | Internal, should not be updated by outside entity |
| LOC | Level of Care |
| EXM | Exemption |
| CAP | Capitation |
| OPT | Opt Out |

Special Condition Type

Description

add

Figure 134 MC Special Condition Type Panel

MCO Certification Determination Reason Panel

The MCO Certification Determination Reason panel displays the various reason codes and descriptions used when a Managed Care provider is decertified.

1. Select **MCO Certification Determination Reason** from the Codes Menu. The MCO Certification Determination Reason panel will be displayed.

| Determination Reason | Description |
|----------------------|-----------------|
| 01 | Decertification |

Determination Reason

Description

add

Figure 135 MCO Certification Determination Reason Panel

MCO Certification Status Panel

The MCO Certification Status panel displays the statuses a MC provider may have during the course of their certification.

1. Select **MCO Certification Status** from the Codes Menu. The MCO Certification Status panel will be displayed.

| MCO Certification Status X | |
|----------------------------|-------------------------------------|
| Certification | |
| Status | Description |
| E | Enrolled |
| P | Mass Disenrollment Approval Pending |
| A | Mass Disenrollment Approved |
| D | Disenrolled |

Certification Status

Description

Figure 136 MCO Certification Status Panel

Potential MC Member Reason Panel

The Potential MC Member Reason panel displays the reason codes and descriptions as to why a member has been added to the table of potential MC members.

1. Select **Potential MC Member Reason** from the Codes Menu. The Potential MC Member Reason panel will be displayed.

| Potential MC Member Reason X | | | | |
|------------------------------|---------------------------|---------------------------|------------------------|-------------------|
| MC Reason | Description | Auto Assignment Wait Days | Transfer Disenrollment | Reason Changeable |
| | HMO/SSI Initial Status | 0 | No | No |
| 9 | HST Bypass AA | 999 | No | No |
| 1 | HMO Mandatory Notice | 0 | No | No |
| 2 | HMO Reminder Card (Mand) | 0 | No | No |
| 3 | HMO Fail autasgn-Full Prv | 13 | No | No |
| 5 | SSI Voluntary Notice | 0 | No | No |
| 6 | SSI Reminder Card (Vol) | 0 | No | No |
| A | HMO Voluntary Notice | 0 | No | No |
| B | HMO Reminder Card (Vol) | 0 | No | No |
| C | SSI Mandatory Notice | 0 | No | No |

1 2 3 Next

MC Reason

Auto Assignment Wait Days

Description

Transfer Disenrollment

Reason Changeable

add

Figure 137 Potential MC Member Reason Panel

The Potential MC Member Reason panel may include the following information:

- *MC Reason* displays the reason code for potential managed care clients used to auto-assign or keep clients from auto-assignment.
- *Description* contains a description of the managed care reason codes used to indicate whether or not a client will be auto-assigned.
- *Auto Assignment Wait Days* indicates the number of days a particular reason code should wait before clients with these codes are auto-assigned.
- *Transfer Disenrollment* indicates transfer disenrollments from the disenrollment process. Valid values are *No* and *Yes*.
- *Reason Changeable* indicates whether the MC reason can be changed.

Other Menu

Hover over Other on the Open Tab menu to display menu options.

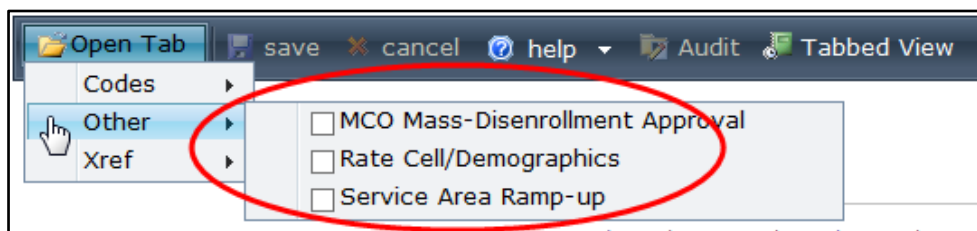


Figure 138 Other Menu

MCO Mass-Disenrollment Approval Panel

1. Select **MCO Mass-Disenrollment Approval** from the Other Menu. The MCO Mass-Disenrollment Approval panel will be displayed. The MCO Mass-Disenrollment Approval panel displays mass-decertifications processed through the PMP Mass Disenrollment Process batch cycle that have Members' enrollments end-dated.

- Select the record you wish to view. The fields in the lower section of the panel will populate with information on the selected record.

| MCO Mass-Disenrollment Approval ✕ | | | | | | | |
|-----------------------------------|--------------------------|-------------------------------------|--------------------------------|----------------------------------|---------------------------------|---|--|
| MCO ID | MCO Name | MC Service Area | Disenroll Date | Disenroll Status | Transfer MCO ID | Transfer Effective Date | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 56 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 52 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 56 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 56 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 56 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 56 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 56 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 56 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 99999999 | MCD XYZ HEALTHCARE | COUNTY 56 ZIP 55555 | 12/31/2010 | Disenrolled | | | |
| 1 2 3 4 5 6 7 8 9 10 ... Next | | | | | | | |
| MCO ID 99999999 | | Disenroll Code 01 - Decertification | | | | | |
| MCO Name XYZ HEALTHCARE | | Disenroll Date 12/31/2010 | | | | | |
| MC Service Area EZCQG | | Disenroll Status Disenrolled | | | | | |
| | | Transfer MCO ID | | | | | |
| | | Transfer MCO Name | | | | | |
| | | Transfer Effective Date | | | | | |

Figure 139 Selected MCO Mass-Disenrollment Approval Record

The MCO Mass-Disenrollment Approval panel includes the following information:

- MCO ID* uniquely identifies a MCO.
- MCO Name* is the business name of a MCO.
- MC Service Area* is the service area covered by the MCO.
- Disenroll Code* is a code and description for the MCO decertification.
- Disenroll Date* is the date that the MCO is being decertified.
- Disenroll Status* is the description of the decertification status.
- Transfer MCO ID* identifies the MCO into which members will be attempted to be transferred.
- Transfer MCO Name* is the business name of the MCO into which members will be attempted to be transferred.
- Transfer Effective Date* is the effective date of the transfer to another MCO.

Rate Cells/Demographics Panel

The Rate Cells/Demographics panel allows the user to view the pre-defined rate cells and the demographics that make up each rate cell. Demographics are broken down into age, gender and Medical Status Group. The panel also displays the individual Medical Status Codes that exist within each Medical Status Group.

1. Select **Rate Cells/Demographics** from the Other Menu. The Rate Cells/Demographics panel will be displayed.

Rate Cell [Search]

Description

Records

search

clear

Search Results

| Rate Cell | Description | Effective Date | End Date | Daily Rate | Auto-Adjust | Primary Payment |
|-----------|------------------------------|----------------|------------|------------|-------------|-----------------|
| BHRJ4 | HMO Badger,M,35-44,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRJ3 | HMO Badger,M,35-44,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRJ2 | HMO Badger,M,35-44,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRJ1 | HMO Badger,M,35-44,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRK4 | HMO Badger,F,35-44,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRK3 | HMO Badger,F,35-44,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRK2 | HMO Badger,F,35-44,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRK1 | HMO Badger,F,35-44,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRL4 | HMO Badger,M,>45,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRL3 | HMO Badger,M,>45,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRL2 | HMO Badger,M,>45,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRL1 | HMO Badger,M,>45,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRM4 | HMO Badger,F,>45,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRM3 | HMO Badger,F,>45,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRM2 | HMO Badger,F,>45,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRM1 | HMO Badger,F,>45,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| HHRA4 | HMO AFDC/HS,<1,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| HHRA3 | HMO AFDC/HS,<1,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| HHRA2 | HMO AFDC/HS,<1,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| HHRA1 | HMO AFDC/HS,<1,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |

1 2 3 4 5 6 7 8 9 10 ... Next

--Demographics Breakdown--

*** No rows found ***

--Medical Status Code/Description--

*** No rows found ***

Figure 140 Rate Cells/Demographics Panel

2. Select the record you wish to view or click **Search** next to Rate Cell field to search for a specific rate cell. The Rate Cell Pop-Up Search panel will be displayed.
3. Enter your search criteria using any of the fields in the panel. You can narrow down the results by entering information in more than one field.

4. Click **search**. The results will be displayed in the Rate Cell Search Results panel.

The screenshot shows a web application window titled "Rate Cell". It contains a "Search" section with several input fields: "Rate Cell" (containing "LCTG2"), "Description" (empty), "MC Service Area" (dropdown), "Medical Status Group" (dropdown), "MC Program Code" (empty), "Special Condition Code" (empty), "Age" (empty), and "Gender" (dropdown). There are "search" and "clear" buttons. Below the search section is a "Search Results" section containing a table with the following data:

| Rate Cell | Description | Effective Date | End Date |
|---------------------------|-----------------------------|--------------------------------|--------------------------|
| LCTG2 | SSI,21,No Med,<30,M,Chiro | 01/01/2006 | 12/31/2299 |

Figure 141 Rate Cell Search Results

5. Click the row for the rate cell you wish to view. The Pop-Up Search panel will close and the Search Results panel will populate with all the records for the selected rate cell.

Rate Cell/Demographics X

Rate Cell [Search]

Description

search

Records

clear

Search Results

| Rate Cell | Description | Effective Date | End Date | Daily Rate | Auto-Adjust | Primary Payment |
|-----------|------------------------------|----------------|------------|------------|-------------|-----------------|
| BHRJ4 | HMO Badger,M,35-44,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRJ3 | HMO Badger,M,35-44,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRJ2 | HMO Badger,M,35-44,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRJ1 | HMO Badger,M,35-44,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRK4 | HMO Badger,F,35-44,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRK3 | HMO Badger,F,35-44,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRK2 | HMO Badger,F,35-44,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRK1 | HMO Badger,F,35-44,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRL4 | HMO Badger,M,>45,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRL3 | HMO Badger,M,>45,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRL2 | HMO Badger,M,>45,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRL1 | HMO Badger,M,>45,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRM4 | HMO Badger,F,>45,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRM3 | HMO Badger,F,>45,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRM2 | HMO Badger,F,>45,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| BHRM1 | HMO Badger,F,>45,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| HHRA4 | HMO AFDC/HS,<1,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| HHRA3 | HMO AFDC/HS,<1,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| HHRA2 | HMO AFDC/HS,<1,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes |
| HHRA1 | HMO AFDC/HS,<1,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes |

1 2 3 4 5 6 7 8 9 10 ... Next

--Demographics Breakdown--

*** No rows found ***

--Medical Status Code/Description--

*** No rows found ***

Figure 142 Selected Rate Cell

6. Click the record you wish to view. The Demographics Breakdown section will populate with information for the selected rate cell.

| Search Results | | | | | | | |
|-----------------------------------|------------------------------|----------------|------------|----------------|-------------|-------------------------------|----------------------------|
| Rate Cell | Description | Effective Date | End Date | Daily Rate | Auto-Adjust | Primary Payment | |
| BHRJ4 | HMO Badger,M,35-44,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRJ3 | HMO Badger,M,35-44,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRJ2 | HMO Badger,M,35-44,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRJ1 | HMO Badger,M,35-44,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRK4 | HMO Badger,F,35-44,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRK3 | HMO Badger,F,35-44,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRK2 | HMO Badger,F,35-44,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRK1 | HMO Badger,F,35-44,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRL4 | HMO Badger,M,>45,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRL3 | HMO Badger,M,>45,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRL2 | HMO Badger,M,>45,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRL1 | HMO Badger,M,>45,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRM4 | HMO Badger,F,>45,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRM3 | HMO Badger,F,>45,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRM2 | HMO Badger,F,>45,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| BHRM1 | HMO Badger,F,>45,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| HHRA4 | HMO AFDC/HS,<1,Chiro/Den | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| HHRA3 | HMO AFDC/HS,<1,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| HHRA2 | HMO AFDC/HS,<1,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| HHRA1 | HMO AFDC/HS,<1,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| 1 2 3 4 5 6 7 8 9 10 ... Next | | | | | | | |
| Demographics Breakdown-- | | | | | | | |
| Gender | Min Age | Max Age | Medicare | Effective Date | End Date | MC Medical Status Group | Special Condition Override |
| Female | 35 | 44 | | 01/01/2002 | 01/31/2008 | HMO BadgerCare (Medical Only) | |
| Medical Status Code/Description-- | | | | | | | |
| *** No rows found *** | | | | | | | |

Figure 143 Demographics Breakdown Section

7. Click the record in the “Demographics Breakdown” section you wish to view. The fields in the Medical Status Code/Description section of the panel will populate with information for the selected record.

| | | | | | | | |
|---------------------------------------|------------------------|----------------|------------|----------------|------------|-------------------------------|----------------------------|
| HHRA3 | HMO AFDC/HS,<1,Dental | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| HHRA2 | HMO AFDC/HS,<1,Chiro | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| HHRA1 | HMO AFDC/HS,<1,Medical | 01/01/2002 | 12/31/2299 | No | Yes | Yes | |
| 1 2 3 4 5 6 7 8 9 10 ... Next | | | | | | | |
| Demographics Breakdown-- | | | | | | | |
| Gender | Min Age | Max Age | Medicare | Effective Date | End Date | MC Medical Status Group | Special Condition Override |
| Female | 35 | 44 | | 01/01/2002 | 01/31/2008 | HMO BadgerCare (Medical Only) | |
| Medical Status Code/Description-- | | | | | | | |
| Medical Status Code /Description | | Effective Date | | End Date | | | |
| B1 / BC Child, >100% to 150% | | 01/01/2002 | | 01/31/2008 | | | |
| B2 / BC Child, >150% to 185%, premium | | 01/01/2002 | | 01/31/2008 | | | |
| B3 / BC Child, >185% to 200%, premium | | 01/01/2002 | | 01/31/2008 | | | |
| B4 / BC Adult, >100% to 150% | | 01/01/2002 | | 01/31/2008 | | | |
| B5 / BC Adult, >150% to 185%, premium | | 01/01/2002 | | 01/31/2008 | | | |
| B6 / BC Adult, >185% to 200%, premium | | 01/01/2002 | | 01/31/2008 | | | |
| GP / BC adult, up to 100% | | 01/01/2002 | | 01/31/2008 | | | |

Figure 144 Medical Status Code/Description Section

The Rate Cells/Demographics panel may include the following information:

- *Rate Cell* displays the capitation rate cell that represents the various groups of demographics for managed care members.

- *Description* contains a description of the MC Rate Cell.
- *Effective Date* is the first day the rate cell's is active.
- *End Date* is the last day of the rate cell's is active.
- *Daily Rate* specifies if the rate cell should be pro-rated on a daily basis (Yes), or if it applies to an entire month (No).
- *Auto-Adjust* indicates if the rate cell should be included when the system is determining the total amount paid for a member during a given month.
- *Primary Payment* indicates if the rate cell is a payment for the member's primary care (the standard monthly payment).

The fields in the “Demographics Breakdown” section include:

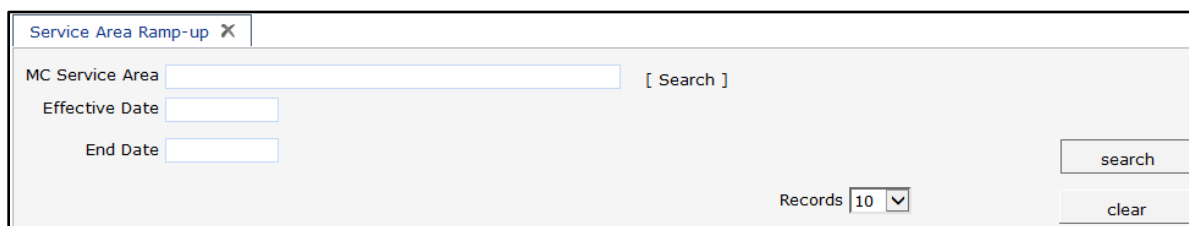
- The *Gender* field displays the gender for the demographics.
- *Min Age* displays the minimum age for the demographic.
- *Max Age* displays the maximum age for the demographic.
- *Medicare* identifies if a member can participate in the Medicare program when enrolled in specified Medical Status Group.
- *Effective Date* is the first day of activity for a specified demographic within a rate cell.
- *End Date* is the last day of activity for a specified demographic within a rate cell.
- *MC Medical Status Group* describes the Medical Status Group for the demographic.
- *Special Condition Override* displays the special condition override for the demographic.

The fields in the Medical Status Code/Description section include:

- *Medical Status Code/Description* identifies the type of Medical Status Code for which a client is eligible. The Medical Status Code and the Medical Status Description are displayed.
- *Effective Date* is the first day of activity for a Medical Status Code that is tied to a specified demographic within a Rate Cell.
- *End Date* is the last day of activity for a Medical Status Code that is tied to a specified demographic within a Rate Cell.

Service Area Ramp-up Panel

1. Select **Service Area Ramp-up** from the Other Menu. The Service Area Ramp-up panel will be displayed.

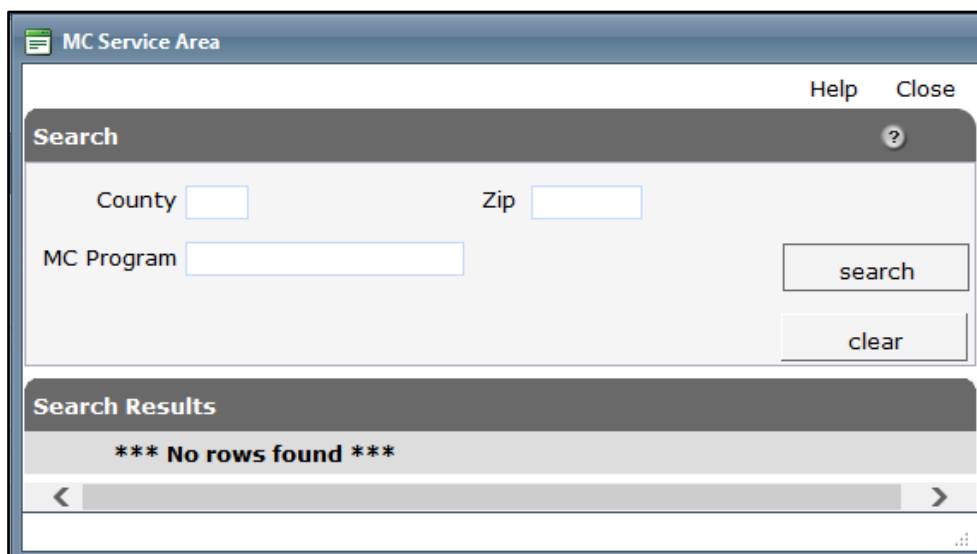


The screenshot shows the 'Service Area Ramp-up' panel. It has a title bar with the text 'Service Area Ramp-up' and a close button. Below the title bar, there are three input fields: 'MC Service Area', 'Effective Date', and 'End Date'. To the right of the 'MC Service Area' field is a '[Search]' button. At the bottom right, there is a 'Records' dropdown menu set to '10' and two buttons labeled 'search' and 'clear'.

Figure 145 Service Area Ramp-up Panel

The Service Area Ramp-up panel allows users to view the enrollment packets generated for a given managed care enrollment service area and managed care program group.

2. Select the record you wish to view or click **Search** next to MC Service Area field. The MC Service Area Pop-Up Search panel will be displayed.



The screenshot shows the 'MC Service Area' pop-up search panel. It has a title bar with the text 'MC Service Area' and buttons for 'Help' and 'Close'. Below the title bar, there is a 'Search' section with a question mark icon. This section contains three input fields: 'County', 'Zip', and 'MC Program'. To the right of the 'MC Program' field are 'search' and 'clear' buttons. Below the search section is a 'Search Results' section with a dark header. The results area shows '*** No rows found ***' and a horizontal scrollbar.

Figure 146 MC Service Area Pop-Up Search Panel

3. Enter the county code in the County field.

4. Click **search**. Results for the selected county will be displayed in the Search Results panel.

The screenshot shows a web application window titled "MC Service Area". It contains a search form with the following fields: "County" (with value "07"), "Zip" (empty), and "MC Program" (empty). There are "search" and "clear" buttons. Below the form is a "Search Results" section displaying a table of results.

| MC Service Area Code | MC Service Area | MC Program | Service Area Type |
|--------------------------------------|---------------------------------|-----------------------------------|-----------------------------------|
| RC07 | COUNTY 07 | HMO - Medical/Dental | Ramp |
| RC07 | COUNTY 07 | Core-HMO- Medical | Ramp |
| RC07 | COUNTY 07 | SSI - Dane - Medical/Chiro/Dental | Ramp |
| RC07 | COUNTY 07 | HMO - Medical/Chiro/Dental | Ramp |
| RC07 | COUNTY 07 | SSI - Milw - Medical/Chiro/Dental | Ramp |
| RC07 | COUNTY 07 | SSI - Dane - Medical/Chiro | Ramp |
| RC07 | COUNTY 07 | SSI - Dane - Medical | Ramp |
| RC07 | COUNTY 07 | HMO - Medical | Ramp |
| RC07 | COUNTY 07 | SSI - Milw - Medical/Chiro | Ramp |
| RC07 | COUNTY 07 | SSI - Milw - Medical | Ramp |

Below the table, there is a pagination control showing "1 2 Next".

Figure 147 County Search Results

- Click the record you wish to view. The Pop-Up Search panel will close and the Service Area Ramp-up panel will populate with all the records for the selected MC service area.

Service Area Ramp-up X

MC Service Area [Search]
Effective Date
End Date

Records ▼

search clear

Search Results

| MC Service Area | Program Group | Effective Date | End Date | Max Mandatory Packets | Max Voluntary Packets | Max Rural Packets |
|---------------------------------|-------------------------------|--------------------------------|--------------------------|---|---|---------------------------------------|
| COUNTY 07 | SSI | 11/30/2009 | 12/31/2299 | 400 | 0 | 0 |
| COUNTY 07 | HMO | 06/28/2010 | 10/24/2010 | 0 | 0 | 0 |
| COUNTY 07 | SSI | 01/01/1900 | 11/29/2009 | 0 | 0 | 0 |

MC Service Area
Program Group
Effective Date
End Date

Max Mandatory
Packets
Max Voluntary
Packets
Max Rural
Packets

delete add

Figure 148 Selected MC Service Area

6. Click the record you wish to view. The Service Area Ramp-up Statistics section will populate with information for the selected MC service area.

Service Area Ramp-up X

MC Service Area [Search]
Effective Date
End Date

Records

Search Results

| MC Service Area | Program Group | Effective Date | End Date | Max Mandatory Packets | Max Voluntary Packets | Max Rural Packets |
|-----------------|---------------|----------------|------------|--------------------------|--------------------------|----------------------|
| COUNTY 07 | SSI | 11/30/2009 | 12/31/2299 | 400 | 0 | 0 |
| COUNTY 07 | HMO | 06/28/2010 | 10/24/2010 | 0 | 0 | 0 |
| COUNTY 07 | SSI | 01/01/1900 | 11/29/2009 | 0 | 0 | 0 |

MC Service Area
Program Group
Effective Date
End Date

Max Mandatory
Packets
Max Voluntary
Packets
Max Rural
Packets

Service Area Ramp-up Statistics

| Cycle Date | Sent Packets Mandatory | Sent Packets Voluntary | Sent Packets Rural |
|------------|------------------------|------------------------|--------------------|
| 03/29/2010 | 1 | 0 | 0 |
| 01/31/2011 | 1 | 0 | 0 |
| 06/20/2011 | 1 | 0 | 0 |
| 06/18/2012 | 2 | 0 | 0 |

Figure 149 Demographics Breakdown Section

The Service Area Ramp-up panel may include the following information:

- *MC Service Area* is the area served by the MCO.
- *Effective Date* is the first day of ramp-up record activity.
- *End Date* is last day of ramp-up record activity.
- *MC Service Area Code* is a code that uniquely identifies an MC service area.
- *MC Program* displays the type of the managed care program.
- *Service Area Type* indicates the type of managed care service area. Values are *Capitation* or *Enrollment*.
- *Program Group* defines a logical grouping of managed care assignment plans for purposes of ramp-up.
- *Max Mandatory Packets* denotes the maximum number of mandatory enrollment packets allowed.

- *Max Voluntary Packets* denotes the maximum number of voluntary enrollment packets allowed.
- *Max Rural Packets* denotes the maximum number of rural enrollment packets allowed.
- *Cycle Date* is the date the enrollment batch cycle was run.
- *Sent Packets Mandatory* is the number of mandatory enrollment packets sent in the enrollment cycle.
- *Sent Packets Rural* is the number of rural enrollment packets sent during the enrollment cycle.
- *Sent Packets Voluntary* is the number of voluntary enrollment packets sent during the enrollment cycle.

Xref Menu

Hover over Xref on the Open Tab menu to display menu options for panels containing Xref information.

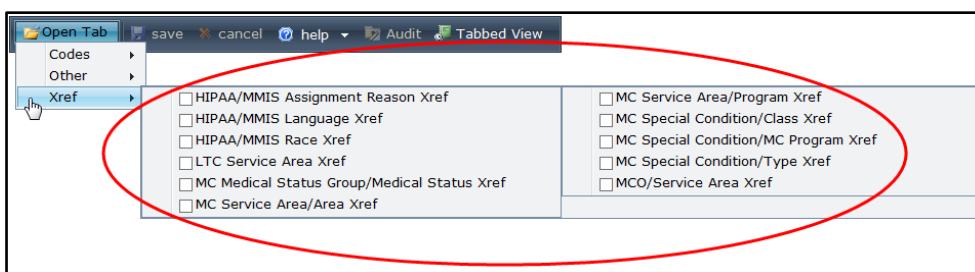


Figure 150 Xref Menu

LTC Service Area Xref Panel

The LTC Service Area Xref panel is used to identify and view the counties covered by an LTC MCO.

1. Select **LTC Service Area Xref** from the Xref Menu. The LTC Service Area Xref panel will be displayed.

 A screenshot of the 'LTC Service Area Xref' panel. The panel has a title bar with 'LTC Service Area Xref' and a close button. It contains several input fields: 'MCO ID', 'MCO Name', 'County Code', 'County Name', and 'Program' (a dropdown menu). There are 'search' and 'clear' buttons on the right. Below these is a 'Records' dropdown set to '20'. At the bottom, there are more input fields: 'Program' (dropdown), 'County' (text), 'MCO ID', 'End Date', 'Effective Date', and 'Notes' (a long text area). An 'add' button is located at the bottom right.

Figure 151 LTC Service Area Xref Panel

The LTC Service Area Xref panel may include the following information:

- The *MCO ID* is a unique number that identifies a specific MCO.
- The *MCO Name* is the MCO's business name.
- The *County Code* is the county in which the MCO provides services.
- The *County Name* is the name of the county in which the MCO provides services.
- *Effective Date* is the initial date the LTC Service Area Crosswalk takes effect.
- *End Date* is the ending date for the LTC Service Area Crosswalk.
- The *Notes* field is used for any special notations the user may want to add regarding the MCO service area.
- The *Program* field is the Public Health program in which the member is enrolled and is covered by the MCO.

Users can search by entering any criteria in the upper section of the panel. The search can be narrowed down by entering more than one criteria. For example, the following shows a search for all the MCO's in a member's service area with the PACE/Partnership program.

LTC Service Area Xref X

MCO ID 99999999

MCO Name

County Code

County Name

Program

Records 20

search

clear

Search Results

| Program | MCO ID | MCO Name | County | County Name | Effective Date | End Date | Notes |
|------------------|----------|---------------------|--------|-------------|----------------|------------|-------|
| PACE/Partnership | 99999999 | XYZ HEALTHPLAN INC. | 13 | Any | 06/01/1998 | 12/31/2299 | |
| PACE/Partnership | 99999999 | XYZ HEALTHPLAN INC. | 24 | Any | 06/01/1998 | 12/31/2012 | |
| PACE/Partnership | 99999999 | XYZ HEALTHPLAN INC. | 39 | Any | 06/01/1998 | 12/31/2012 | |
| PACE/Partnership | 99999999 | XYZ HEALTHPLAN INC. | 66 | Any | 06/01/1998 | 12/31/2012 | |
| PACE/Partnership | 99999999 | XYZ HEALTHPLAN INC. | 67 | Any | 06/01/1998 | 12/31/2012 | |
| PACE/Partnership | 99999999 | XYZ HEALTHPLAN INC. | 69 | Any | 06/01/1998 | 12/31/2012 | |

Program

County

MCO ID

End Date

Effective Date

Notes

add

Figure 152 Search Results

MC Medical Status Group /Medical Status Xref Panel

The MC Medical Status Group/ Medical Status Xref panel serves as a cross-reference between the managed care medical status groups and the individual medical status codes of which they are comprised.

1. Select **MC Medical Status Group/ Medical Status Xref** from the Xref Menu. The MC Medical Status Group /Medical Status Xref panel will be displayed.

MC Medical Status Group/Medical Status Xref

Medical Status Group

Description

MC Program

search

clear

Records 20

Search Results

| Medical Status Group | Description | Effective Date | End Date | MC Program |
|----------------------|--|----------------|------------|----------------------------|
| RT1 | Transportation - Elderly, Blind, Disabled/Foster Children | 07/01/2011 | 12/31/2299 | Transportation Manager |
| RT2 | Transportation - BC+ Children | 07/01/2011 | 12/31/2299 | Transportation Manager |
| RT3 | Transportation - BC+ Adults, Pregnant/Well MA Women, Limited BP | 07/01/2011 | 12/31/2299 | Transportation Manager |
| H68 | HMO - Childless Adults (CLA) Medical/Chiro/Dental | 11/01/2013 | 12/31/2299 | HMO - Medical/Chiro/Dental |
| H69 | HMO - Childless Adults (CLA) Medical/Chiro | 11/01/2013 | 12/31/2299 | HMO - Medical/Chiro |
| H70 | HMO - Childless Adults (CLA) Medical/ Dental | 11/01/2013 | 12/31/2299 | HMO - Medical/Dental |
| H71 | HMO - Childless Adults (CLA) Medical | 11/01/2013 | 12/31/2299 | HMO - Medical |
| H43 | HMO BadgerCare + Standard Plan - Pregnant Woman (Medical & Dental) | 02/01/2008 | 12/31/2299 | HMO - Medical/Dental |
| H44 | HMO BadgerCare + Standard Plan - Pregnant Woman (Medical Only) | 02/01/2008 | 12/31/2299 | HMO - Medical |
| H45 | HMO BadgerCare + BMP & Dental - Pregnant Woman (Medical, Chiro & Dental) | 02/01/2008 | 12/31/2299 | HMO - Medical/Chiro/Dental |
| H46 | HMO BadgerCare + BMP & Dental - Pregnant Woman (Medical & Chiro) | 02/01/2008 | 12/31/2299 | HMO - Medical/Chiro |
| H47 | HMO BadgerCare + BMP & Dental - Pregnant Woman (Medical & Dental) | 02/01/2008 | 12/31/2299 | HMO - Medical/Dental |
| H48 | HMO BadgerCare + BMP & Dental - Pregnant Woman (Medical Only) | 02/01/2008 | 12/31/2299 | HMO - Medical |
| H49 | HMO BadgerCare + Standard Plan - Family (Medical, Chiro & Dental) | 02/01/2008 | 12/31/2299 | HMO - Medical/Chiro/Dental |
| H50 | HMO BadgerCare + Standard Plan - Family (Medical & Chiro) | 02/01/2008 | 12/31/2299 | HMO - Medical/Chiro |
| H51 | HMO BadgerCare + Standard Plan - Family (Medical & Dental) | 02/01/2008 | 12/31/2299 | HMO - Medical/Dental |
| H52 | HMO BadgerCare + Standard Plan - Family (Medical Only) | 02/01/2008 | 12/31/2299 | HMO - Medical |
| H53 | HMO BadgerCare + Benchmark Plan & Dental, Family (Medical, Chiro & Dental) | 02/01/2008 | 12/31/2299 | HMO - Medical/Chiro/Dental |
| H54 | HMO BadgerCare + Benchmark Plan & Dental, Family (Medical & Chiro) | 02/01/2008 | 12/31/2299 | HMO - Medical/Chiro |
| H55 | HMO BadgerCare + Benchmark Plan & Dental, Family (Medical & Dental) | 02/01/2008 | 12/31/2299 | HMO - Medical/Dental |

1 2 3 4 5 6 Next

-- Medical Status Group Breakdown--

*** No rows found ***

Figure 153 MC Medical Status Group /Medical Status Xref Panel

The MC Medical Status Group/ Medical Status Xref panel may include the following information:

- *Medical Status Group* displays the code for the medical status group.
- *Description* contains a description of the medical status group.
- *Effective Date* is the first date the group record is in effect.
- *End Date* is the last date the group record is in effect.
- *MC Program* identifies the managed care program.

2. Enter the code you wish to search for in the Medical Status Group search field.

3. Click **search**. The “Medical Status Group Breakdown” section will be displayed.

MC Medical Status Group/Medical Status Xref ✕

Medical Status Group

Description

MC Program

Records

Search Results

[Medical Status](#)

| Group | Description | Effective Date | End Date | MC Program |
|-------|---|----------------|------------|----------------------------|
| H68 | HMO - Childless Adults (CLA) Medical/Chiro/Dental | 11/01/2013 | 12/31/2299 | HMO - Medical/Chiro/Dental |

--Medical Status Group Breakdown--

| Medical Status Code /Description | Effective Date | End Date |
|--|----------------|------------|
| 9P / Childless Adult (CLA), >0-100% | 11/01/2013 | 12/31/2299 |
| 9V / Transitional Childless Adult, >0-100% | 11/01/2013 | 12/31/2299 |
| 9W / Childless Adult, 0% | 11/01/2013 | 12/31/2299 |
| 9X / Transitional Childless Adult, 0% | 11/01/2013 | 12/31/2299 |

Figure 154 Search by Medical Status Group

The “Medical Status Group Breakdown” section includes the following information:

- *Medical Status Code/Description* identifies the type of medical status for which a member is eligible.
- *Effective Date* is the first date the medical status is in effect.
- *End Date* is the last date the medical status is in effect.

MC Service Area/Area Xref Panel

The MC Service Area/Area Xref panel serves as a cross-reference table to reflect what counties and zip codes comprise a particular managed care service area. Individual service areas can be setup as a logical grouping of counties/zip codes or each service area could be a distinct county/zip code combination. A service area on this panel can be further defined as either an enrollment or capitation related service area. When enrolling a MCO, this table outlines all the service areas that could be used. In Wisconsin, most of the enrollment service areas will be a distinct county/zip code combination.

1. Select **MC Service Area/Area Xref** from the Xref Menu. The MC Service Area/Area Xref panel will be displayed.

MC Service Area/Area Xref ✕

MC Service Area

Description

Records 20 ▼

search

clear

Search Results

| MC Service Area | Description | Service Area Type | Mandatory/Voluntary |
|---------------------------------|-----------------------------|-----------------------------------|-------------------------------------|
| EZMJQ | COUNTY 44 ZIP 55555 | Enrollment | M |
| EZMJR | COUNTY 58 ZIP 55555 | Enrollment | M |
| EZMJS | COUNTY 68 ZIP 55555 | Enrollment | M |
| EZMJV | COUNTY 86 ZIP 55555 | Enrollment | V |
| EZMJW | COUNTY 92 ZIP 55555 | Enrollment | M |
| EZMLC | COUNTY 39 ZIP 55555 | Enrollment | M |
| EZMLD | COUNTY 69 ZIP 55555 | Enrollment | M |
| EZMLG | COUNTY 44 ZIP 55555 | Enrollment | M |
| EZMLH | COUNTY 92 ZIP 55555 | Enrollment | M |
| EZMLJ | COUNTY 20 ZIP 55555 | Enrollment | M |
| EZMLL | COUNTY 44 ZIP 55555 | Enrollment | M |
| EZMLM | COUNTY 58 ZIP 55555 | Enrollment | M |
| EZMLN | COUNTY 68 ZIP 55555 | Enrollment | M |
| EZMLP | COUNTY 86 ZIP 55555 | Enrollment | V |
| EZMLQ | COUNTY 92 ZIP 55555 | Enrollment | M |
| EZMLR | COUNTY 70 ZIP 55555 | Enrollment | M |
| EZMLS | COUNTY 20 ZIP 55555 | Enrollment | M |
| EZMLV | COUNTY 20 ZIP 55555 | Enrollment | M |
| EZMLW | COUNTY 20 ZIP 55555 | Enrollment | M |
| EZMMB | COUNTY 44 ZIP 55555 | Enrollment | M |

1 2 3 4 5 6 7 8 9 10 ... Next

--Service Area Breakdown--

*** No rows found ***

Figure 155 MC Service Area/Area Xref Panel

To search for a specific service area:

2. Enter search criteria into either the MC Service Area or Description field. Note that percent signs can be used to search for partial descriptions, such as just by ZIP code.

3. Click **search**. The results will be displayed in the Search Results panel.

MC Service Area/Area Xref ✕

MC Service Area

Description

Records

Search Results

| MC Service Area | Description | Service Area Type | Mandatory/Voluntary |
|---------------------------------|-----------------------------|-----------------------------------|-------------------------------------|
| EZMMB | COUNTY 44 ZIP 55555 | Enrollment | M |
| EZMMC | COUNTY 68 ZIP 55555 | Enrollment | M |
| EZMMD | COUNTY 69 ZIP 55555 | Enrollment | M |
| EZMMG | COUNTY 70 ZIP 55555 | Enrollment | M |
| EZMMH | COUNTY 92 ZIP 55555 | Enrollment | M |
| ESMMC | COUNTY 68 ZIP 55555 | Enrollment | M |
| ESMMD | COUNTY 69 ZIP 55555 | Enrollment | M |
| ESMMG | COUNTY 70 ZIP 55555 | Enrollment | M |
| ESMMH | COUNTY 92 ZIP 55555 | Enrollment | V |
| ESMMB | COUNTY 44 ZIP 55555 | Enrollment | M |

--Service Area Breakdown--

*** No rows found ***

Figure 156 Search by ZIP Code

4. Click the role for the service area you wish to view. Additional information about the selected service area will be displayed in the “Service Area Breakdown” section.

MC Service Area/Area Xref ✕

MC Service Area

Description

Records

Search Results

| MC Service Area | Description | Service Area Type | Mandatory/Voluntary |
|---------------------------------|-----------------------------|-----------------------------------|-------------------------------------|
| EZMMB | COUNTY 44 ZIP 55555 | Enrollment | M |
| EZMMC | COUNTY 68 ZIP 55555 | Enrollment | M |
| EZMMD | COUNTY 69 ZIP 55555 | Enrollment | M |
| EZMMG | COUNTY 70 ZIP 55555 | Enrollment | M |
| EZMMH | COUNTY 92 ZIP 55555 | Enrollment | M |
| ESMMC | COUNTY 68 ZIP 55555 | Enrollment | M |
| ESMMD | COUNTY 69 ZIP 55555 | Enrollment | M |
| ESMMG | COUNTY 70 ZIP 55555 | Enrollment | M |
| ESMMH | COUNTY 92 ZIP 55555 | Enrollment | V |
| ESMMB | COUNTY 44 ZIP 55555 | Enrollment | M |

--Service Area Breakdown--

| Area Type | Area Code | Effective Date | End Date |
|---------------------------|---------------------------|--------------------------------|--------------------------|
| Both | 9999999 | 01/01/1900 | 12/31/2299 |

Figure 157 Selected Service Area

The MC Service Area/Area Xref panel may include the following information:

- *MC Service Area* indicates the area where the managed care organization provides services.
- The *Description* field displays the description or name of the managed care service area.
- *Service Area Type* indicates the type of managed care service area. Values are *Capitation* or *Enrollment*.
- *Mandatory/Voluntary* indicates if the service area is *mandatory*, *voluntary* or *rural*. A blank field indicates a capitation service area.
- *Area Type* represents the type of geographical area. Examples include ZIP code (Z), county code (C) and state code (S).
- The *Area Code* field displays the area code for the managed care service area. Values are county code, ZIP code or ZIP/county.
- *Effective Date* displays the first date the managed care service area is in effect.
- *End Date* displays the last date the managed care service area is in effect.

MC Service Area/Program Xref Panel

The MC Service Area/Program Xref panel serves as a cross-reference table linking a managed care program with the managed care service areas in which the program provides services. For example, if a program provides services in Dane County, that program would be linked in this table to all the service areas contained in Dane County.

1. Select **MC Service/Area Program** from the Xref Menu. The MC Service Area/Program Xref panel will be displayed.

MC Service Area/Program Xref ✕

MC Program
MC Service Area
Description

search
clear

Records

Search Results

| MC Program | MC Service Area | Description | Service Area Type | Mandatory/Voluntary | Effective Date | End Date |
|------------|-----------------|---------------------|-------------------|---------------------|----------------|------------|
| SSIMC | ESJPN | COUNTY 29 ZIP 55555 | Enrollment | Voluntary | 05/01/2009 | 12/31/2299 |
| CORMM | EZJSW | COUNTY 29 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZJVB | COUNTY 41 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZJWM | COUNTY 17 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZLBC | COUNTY 18 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZHDB | COUNTY 86 ZIP 55555 | Enrollment | Voluntary | 01/01/1900 | 12/31/2299 |
| CORMM | EZHDN | COUNTY 60 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZHDQ | COUNTY 71 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZHGP | COUNTY 86 ZIP 55555 | Enrollment | Voluntary | 01/01/1900 | 12/31/2299 |
| CORMM | EZHHG | COUNTY 09 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZHHV | COUNTY 35 ZIP 55555 | Enrollment | Voluntary | 01/01/1900 | 12/31/2299 |
| CORMM | EZHJP | COUNTY 21 ZIP 55555 | Enrollment | Voluntary | 01/01/1900 | 12/31/2299 |
| CORMM | EZCLW | COUNTY 13 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZCMH | COUNTY 13 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZCMP | COUNTY 13 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZCMS | COUNTY 13 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZCNJ | COUNTY 53 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZCNL | COUNTY 25 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZCPV | COUNTY 25 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| CORMM | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |

1 2 3 4 5 6 7 8 9 10 ... Next

Figure 158 MC Service Area/Program Xref Panel

To search for an MC program or service area:

2. Enter query information in either the MC Program or MC Service Area fields.

3. Click **search**. The results will be displayed in the Search Results panel.

The screenshot shows a search interface with the following components:

- Search Filters:**
 - MC Program:
 - MC Service Area:
 - Description:
 - Records: (dropdown)
 - search** button
 - clear** button
- Search Results Table:**

| MC Program | MC Service Area | Description | Service Area Type | Mandatory/Voluntary | Effective Date | End Date |
|------------|-----------------|---------------------|-------------------|---------------------|----------------|------------|
| CORMM | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| HMOCB | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 11/01/2013 | 12/31/2299 |
| HMOCM | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 11/01/2013 | 12/31/2299 |
| HMOCC | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 11/01/2013 | 12/31/2299 |
| HMOMD | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| HMOMC | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| HMOCD | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 11/01/2013 | 12/31/2299 |
| HMOMM | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |
| HMOMB | EZCPW | COUNTY 22 ZIP 55555 | Enrollment | Mandatory | 01/01/1900 | 12/31/2299 |

Figure 159 Search Results Panel

The Search Results panel may include the following information:

- *MC Program* displays the type of the MC program.
- *MC Service Area* is the area where the MCO provides services.
- *Description* displays a description or name of the managed care service area.
- *Service Area Type* indicates the type of the service area. Values are *Capitation* or *Enrollment*.
- *Mandatory/Voluntary* indicates if the service area is *mandatory*, *voluntary* or *rural*. A blank field indicates a capitation service area.
- *Effective Date* is the date the program/service area combination became valid.
- *End Date* is the date the program/service area combination is no longer valid.

MCO/Service Area Xref Panel

Through the MCO/Service Area Xref panel, users can search for all the MCOs within a specified service area.

1. Select **MCO/Service Area Xref** from the Xref Menu. The MCO/Service Area Xref panel will be displayed.

MCO/Service Area Xref X

County Code

Zip Code

MC Program

Records 20 ▼

search

clear

Figure 160 MCO/Service Area Xref Panel

2. Enter query information in any of the fields on the panel.
3. Click **search**. The results will be displayed in the Search Results panel.

MCO/Service Area Xref X

County Code

Zip Code 55555

MC Program

Records 20 ▼

search

clear

Search Results

| MC Program | MCO ID | MCO Name | MC Service Area | Primary Service Area | Current Enrollees | Max Enrollees | Mandatory/Voluntary |
|-------------------|----------|----------------------|---------------------|----------------------|-------------------|---------------|---------------------|
| HMO - Medical | 99999999 | XYZ HEALTH | COUNTY 56 ZIP 55555 | Yes | 15 | 24000 | Mandatory |
| HMO - Medical | 99999999 | XYZ HEALTH INC. | COUNTY 56 ZIP 55555 | Yes | 1 | 1350 | Mandatory |
| HMO - Medical | 99999999 | XYZ HEALTH PLAN | COUNTY 56 ZIP 55555 | Yes | 1 | 15000 | Mandatory |
| Core-HMO- Medical | 99999999 | XYZ HEALTH PLAN | COUNTY 56 ZIP 55555 | Yes | 0 | 100 | Mandatory |
| Core-HMO- Medical | 99999999 | XXYZ HEALTH PLAN INC | COUNTY 56 ZIP 55555 | Yes | 0 | 10000 | Mandatory |

Figure 161 Search Results Panel

The Search Results panel may include the following information:

- The *MC Service Area* column displays the area in which the MCO provides services using the area's county code and ZIP code.
- The *Primary Service Area* column indicates *Yes* if the service area is a primary service area and *No* if the service area is an extended service area.
- The *Current Enrollees* column displays the number of members currently enrolled in the MCO.
- The *Max Enrollees* column displays the maximum number of members the MCO will accept for enrollment.
- The *Mandatory/Voluntary* column indicates if the service area has mandatory, voluntary, or rural enrollment. For a mandatory or rural service area, if a member does not choose an MCO within a specified time period, he or she will automatically be enrolled in a system-assigned MCO. For a voluntary service area, a member chooses the MCO in which he or she wishes to be enrolled. The member will not be automatically assigned to an MCO.

Other Related Data Xref Panels

The remaining Related Data Xref panels display cross reference information for the MCO area with no search capability or additional information. Below is a list of the panels along with a description of the information in each set.

| Panel Name | Description |
|--|---|
| HIPAA MMIS Assignment Reason Xref | The HIPAA MMIS Assignment Reason Xref panel serves as a cross-reference of the MMIS enrollment start/stop reason codes and descriptions, and the corresponding HIPAA 834 code and description. |
| HIPAA MMIS Language Xref | The HIPAA MMIS Language Xref panel serves as a cross-reference of the MMIS language codes and descriptions, and the corresponding HIPAA 834 codes and descriptions. |
| HIPAA MMIS Race Xref | The HIPAA MMIS Race Xref panel serves as a cross-reference of the MMIS race codes and descriptions, and the corresponding HIPAA 834 codes and descriptions. |
| MC Special Condition/ Class Xref | The MC Special Condition/ Class Xref panel identifies the special condition class of the MC special condition. A special condition class defines the entity that the special condition can impact, such as a member or a MC provider. |
| MC Special Condition/MC Program Xref | The MC Special Condition/MC Program Xref panel serves as a cross-reference between the MC special conditions and their valid programs or benefit plans. |
| MC Special Condition/Special Condition Type Xref | The MC Special Condition/Special Condition Type Xref panel serves as a cross-reference between the MC special conditions and their valid special condition types. |

7 Provider

7.1 Provider Search

1. On the iC Functionality page, click **Provider Search**. The Provider Search panel will be displayed.

Provider Search

Provider ID Business OR Last Name

License First, MI

Medicare Certification Number

SSN Financial Payer

Tax ID

Records

Figure 162 Provider Search Panel

2. Enter as much information as possible in the fields to narrow the search results.
3. Click **search**. If only one record is found, the Provider Information panel will be displayed. If multiple records are found, a Search Results panel will be displayed.

Provider Search

Provider ID Business OR Last Name

License First, MI

Medicare Certification Number

SSN Financial Payer

Tax ID

Records

Search Results

| National | Program | Financial | | | | | | | | | | | |
|-----------------------------|-----------------------------|---------------------------|-----------------------|----------------------|----------------------|----------------------|-------------------------|----------------------|--------------------|---------------------|----------------------|--------------------------|--|
| Provider ID | Provider ID | Base ID | Payer | Name | Type | Spec | Address | City | ST | Zip | Zip4 | Taxonomy | |
| 1234567890 | 11111111 | 9999 | TXIX | XYZ COMPANY | 22 | 220 | 123 MAIN ST | ANYTOWN | WI | 55555 | 1111 | XXXXXXXXXX | |
| 2345678901 | 22222222 | 8888 | TXIX | XYZ SUPPLY | 73 | 741 | 123 MAIN ST | ANYTOWN | WI | 55555 | 1111 | XXXXXXXXXX | |

Figure 163 Search Results Panel

7.1.1 Provider Information Panel

The Provider Information panel displays basic information for a specific provider.

1. Click the applicable record. The Provider Information panel will be displayed.

| | | | |
|------------------|--------------------------------------|---------------------|---|
| Base ID | 9999 | Organization | Limited Liability |
| Restriction | No | Provider Type | 22 - Hearing Instrument Specialist |
| Gender | N/A | Licenses | |
| Ownership | No | Specialties | Hearing Instrument Sp 01/01/2000-12/31/2299 |
| Service Location | 00000000 - XYZ COMPANY | Taxonomies | XXXXXXXXXX- Audiologist 01/01/2000-12/31/2299 |
| Provider IDs | 1234567890 NPI 01/01/2000-12/31/2299 | Tax ID | 000000000 01/01/2000-12/31/2299 |
| Address Type | Service Location | Contract | Hearing Services 01/01/2000-12/31/2299 |
| Address | 123 MAIN ST | Medicare | |
| City | ANYTOWN | Certification | |
| County | Any | Accept New Patients | |
| State/Zip | WI 55555-1111 | Managed Care | No |
| Phone | 555-123-4567 | Reval Date | 01/01/2020 |
| Fax | | On Payment Hold | No |

Figure 164 Provider Information Panel

The Provider Information panel may include the following information:

- The *Base ID* field displays a system-generated ID that is used to link multiple service locations.
- The *Restriction* field displays a *Yes* or a *No* to indicate whether or not the provider has service restrictions.
- The *Gender* field displays the provider's gender, if applicable.
- The *Ownership* field displays a *Yes* or a *No* to indicate whether or not the provider has a controlling ownership interest in any other provider facility or practice.
- The *Service Location* menu displays all the service locations for the provider's Base ID.
- The *Provider IDs* menu displays all the provider IDs associated with the selected provider and the period of time that each ID is active.
 - o The provider type identifier is to the right of the provider ID number. Some examples of provider type identifiers include the following: NPI (National Provider Identifier), MCD (ForwardHealth Assigned ID), CNV (Converted ID), or BSE (Base ID). Select the NPI provider type identifier when available.

- o The dates after the provider type signify the period the specific ID is in effect.
- The *Address Type* field defaults to *Service Location* (the physical address listed for the provider's practice).
- The *Licenses* field displays a provider's license number and the license's grant and expiration dates.
- The *Specialties* field displays a description of the provider's specialty and the effective dates for the specialty.
- The *Taxonomies* field displays all the taxonomy codes and their descriptions that have been assigned to the selected provider.
- The *Tax ID* field displays a provider's tax ID number and the effective dates for the tax ID.
- The *Contract* field displays the contracts on file for the selected provider and the contract's effective dates.
- The *Medicare* field displays the provider's Medicare number and the effective dates of the number.
- The *Certification* field displays a description and the effective dates for a special certification a provider may have for a particular service.
- The *Accept New Patients* field displays a *Yes*, *No*, or *Limited* to indicate if the provider is accepting new patients, if applicable.
- The *Managed Care* field displays a *Yes* or *No* to indicate whether the selected provider is a managed care provider.
- The *Reval Date* field displays the next revalidation date for the selected provider.
- The *On Payment Hold* field displays a *Yes* or *No* to indicate whether the selected provider has been put on suspension of payment.

Note: The "[Quick Search](#)" allows users to search for a different provider record using a Provider ID, business or provider name, or tax ID.

8 Claims

8.1 Claims Search

1. On the iC Functionality page, click **Claims Search**. The Claim Search panel will be displayed.

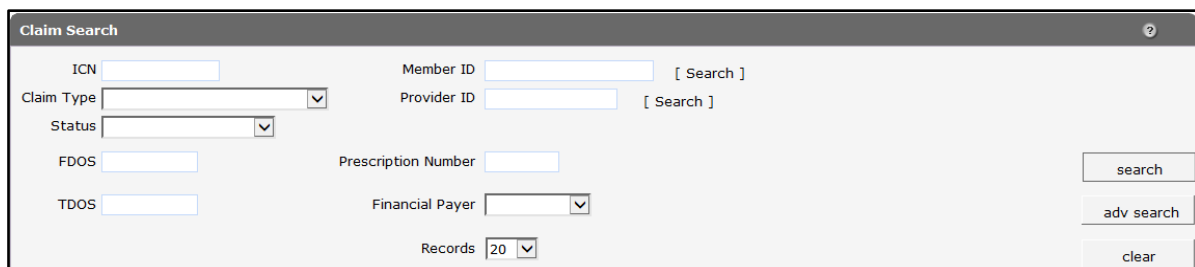


Figure 165 Claim Search Panel

2. Enter information in or select information for the following fields:

- Member ID.
- Claim Type.
- FDOS (from date of service).

Note: If a date is entered in only one field, the other field will default to that same date.

- TDOS (to date of service).

If you wish to further narrow your search results, click **adv search**. The Claim Form field will be displayed, and you will be able to select a claim type from the Claim Form menu.

- Click **search**. If only one result is found, the Claim Information panel will be displayed. If multiple results are found, the Search Results panel will be displayed.

Claim Search

ICN Member ID [Search]

Claim Type Provider ID [Search]

Status

FDOS

TDOS Financial Payer

Records

Search Results

| ICN | Member ID | Provider ID | Fin Payer | FDOS | TDOS | Clm Typ | Clm Sts | Payment Date | Amount Billed | Amount Paid |
|----------------|----------------------------|----------------------------|---------------|----------|----------|---------|---------|--------------|---------------|-------------|
| 00000000000000 | 0987654321 | 9999999999 | NPI WISC_TXIX | 07/01/08 | 07/01/08 | M | P | 01/02/09 | \$60.00 | \$54.53 |
| 00000000000000 | 0987654321 | 9999999999 | NPI WISC_TXIX | 12/01/08 | 12/01/08 | M | P | 01/02/09 | \$120.00 | \$97.12 |
| 00000000000000 | 0987654321 | 9999999999 | NPI WISC_TXIX | 07/01/08 | 07/01/08 | M | D | 01/02/09 | \$60.00 | \$0.00 |
| 00000000000000 | 0987654321 | 9999999999 | NPI WISC_TXIX | 10/01/08 | 10/01/08 | M | P | 01/02/09 | \$12.37 | \$9.37 |
| 00000000000000 | 0987654321 | 9999999999 | NPI WISC_TXIX | 08/01/08 | 08/01/08 | M | P | 01/02/09 | \$35.00 | \$28.30 |
| 00000000000000 | 0987654321 | 9999999999 | NPI WISC_TXIX | 08/02/08 | 08/02/08 | M | P | 01/09/09 | \$35.00 | \$28.30 |
| 00000000000000 | 0987654321 | 9999999999 | NPI WISC_TXIX | 11/01/08 | 11/01/08 | M | P | 01/09/09 | \$60.00 | \$57.53 |
| 00000000000000 | 0987654321 | 9999999999 | NPI WISC_TXIX | 10/01/08 | 10/01/08 | M | P | 01/09/09 | \$97.12 | \$97.12 |

Figure 166 Search Results Panel

8.1.1 Claim Information Page

- Click the applicable record. The Claim Information page will be displayed.

ICN Claim Type Claim Status

data correct

Physician Claim

ICN Claim Type Status

Prev ICN

Member ID From Date Details

Last Name To Date Total Charge

First Name Date Billed Net Billed

DOB Payment Date OI

Provider ID NPI Hosp FDOS Cost Share

Ref Prov 1 ID NPI Hosp TDOS Paid

Ref Prov 2 ID Diagnosis Reimbursed

Ref Provider ID Accident Related To PCN

Signature/Date Medicare Disclaimer MRN

SOI Date Special Program Code Other Ins

Version

Figure 167 Claim Information Page

Note: The Claim Information panel varies according to the search criteria entered on the Claim Search panel. The Claim Information panel could display a physician, dental, institutional, or pharmacy claim. The examples used in this user guide are for a physician claim.

The Claim Information panel consists of the following sections:

- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
 - o The *Open Tab* menu provides access to panels that contain with more detailed information regarding the AR.
 - o The *Help* menu provides access to information regarding the Member Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
 - o The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the navigation toolbar. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.
- The Claim panel displays information based on the type of claim such as physician, dental, institutional, or pharmacy.

Note: The “[Quick Search](#)” allows users to search for a claim using an ICN.

8.1.2 Claim Panel

The screenshot shows a 'Physician Claim' panel with the following fields and values:

| Field | Value |
|----------------------|----------------------------------|
| ICN | 00000000000000 |
| Prev ICN | ▼ |
| Member ID | 0987654321 |
| Last Name | IMA |
| First Name | MEMBER |
| DOB | 07/19/1963 |
| Provider ID | 9999999999 |
| Ref Prov 1 ID | 9999999999 |
| Ref Prov 2 ID | |
| Rend Provider ID | 9999999999 |
| Signature/Date | Not Sure ▼ |
| SOI Date | |
| Claim Type | Professional Claims |
| From Date | 08/11/2008 |
| To Date | 08/12/2008 |
| Date Billed | 08/12/2008 |
| Payment Date | |
| Hosp FDOS | |
| Hosp TDOS | |
| Diagnosis | 1 - 250 ▼ |
| Accident Related To | ▼ |
| Accident Date | |
| Medicare Disclaimer | 7 Mcare disallowed/denied pymt ▼ |
| Special Program Code | |
| Status | Suspend ▼ |
| Details | 1 |
| Total Charge | \$10.00 |
| Net Billed | \$0.00 |
| OI | \$0.00 |
| Cost Share | \$0.00 |
| Paid | \$0.00 |
| Reimbursed | \$0.00 |
| PCN | |
| Other Ins | ▼ |
| MRN | |
| Version | 4010 |

Figure 168 Claim Panel

The Claim panel may include the following information:

Note: Fields vary depending on the claim type (e.g., physician, dental, institutional, or pharmacy).

- The *ICN* field displays the ICN assigned to the claim. The ICN allows each claim to be processed, tracked, and reported.
- The *Ref Prov 1 ID* field displays the provider ID of the first provider who referred the member to a second provider for services.
- The *Ref Prov 2 ID* field displays the provider ID of the second provider who referred the member to a third provider for services.
- The *Rend Provider ID* field displays the provider ID of the provider who performed the service.
- The *Signature/Date* field indicates if the claim was signed and dated by the provider or representative.
- The *Claim Type* field displays the type of claim selected on the Claim Search panel.
- The *Date Billed* field displays the date the claim was submitted for processing.
- The *Payment Date* field displays the date the claim was posted to iC as paid. The payment date is often different from the date on the check or Electronic Funds Transfer (EFT) payment.
- The *Hosp FDOS* field displays the date the member was first hospitalized.
- The *Hosp TDOS* field displays the date the member was last hospitalized.
- The *Diagnosis* field displays the diagnosis code(s) that appears in one or more claim details.

- The *Accident Related To* field displays a *Yes*, *No*, or *Not Sure* to indicate whether or not the service was provided as a result of an accident.
- The *Medicare Disclaimer* field displays the Medicare Status Disclaimer Code and the code description associated with the claim.
- The *Details* field displays the number of line items on the claim.
- The *Total Charge* field displays the total billed amount for the claim.
- The *Net Billed* field displays the amount remaining on a claim after payment has been made by all other sources (e.g., copayment, TPL).
- The *OI* field displays the total amount paid by other sources. Other Insurance (OI) for pharmacy includes Medicare and commercial insurance. Other Insurance for all other claim types includes commercial insurance only.
- The *Cost Share* field displays the total cost share amount applied to the claim details.
- The *Paid* field displays the allowed amount minus spenddown, coinsurance, deductible, patient liability, OI, OI patient paid, etc.
- The *Reimbursed* field displays the amount paid minus any state share amount.
- The *PCN* field displays a Patient Control Number or Patient Account Number assigned by a provider to track a patient's financial records.
- The *Other Ins* field displays the Other Insurance disclaimer associated with the claim, if applicable. Other Insurance disclaimers may include the following: *P* (paid), *D* (denied) and *Y* (has commercial health insurance or HMO coverage).
- The *MRN* field displays a code indicating the medical record number, if applicable.
- The *Version* field displays what type of transaction was used to originally submit the claim. Transaction types include *4010*, *5010*, *51* (pharmacy), or *D0* (pharmacy).

9 Prior Authorization

9.1 PA Search

1. On the iC Functionality page, click **PA Search**. The Prior Authorization Search panel will be displayed.

Prior Authorization Search

| | |
|---|---|
| PA Number <input type="text"/> | Member ID <input type="text"/> [Search] |
| Provider ID <input type="text"/> [Search] | Rendering Provider Number <input type="text"/> [Search] |
| Process Type <input type="text"/> | Media Type <input type="text"/> |
| Service Code <input type="text"/> [Search] | Financial Payer <input type="text"/> |
| NDC <input type="text"/> [Search] | DUR <input type="text"/> |
| Revenue Code <input type="text"/> [Search] | Emergency Supply <input type="text"/> |
| ICD9 Code <input type="text"/> [Search] | Primary Diagnosis <input type="text"/> [Search] |
| Modifier 1 <input type="text"/> [Search] | Secondary Diagnosis <input type="text"/> [Search] |
| Modifier 2 <input type="text"/> [Search] | Authorized Eff Date <input type="text"/> |
| Modifier 3 <input type="text"/> [Search] | Authorized End Date <input type="text"/> |
| Modifier 4 <input type="text"/> [Search] | Received Date |
| Tooth <input type="text"/> [Search] | From <input type="text"/> |
| Area of the Oral Cavity <input type="text"/> [Search] | Thru <input type="text"/> |
| PA Status <input type="text"/> | Finalized Date |
| Line Status <input type="text"/> | From <input type="text"/> |
| Amendment Status <input type="text"/> | Thru <input type="text"/> |
| | Records 20 |

search clear add

Figure 169 Prior Authorization Search Panel

2. Enter information in or select information for the fields on the panel.
Note: You may need to enter information in several fields. Follow the panel instructions.
3. Click **search**. If only one record is found, the Prior Authorization Information panel will be displayed. If multiple records are found, the Search Results panel will be displayed.

4. Click the applicable row in the Search Results panel. The Prior Authorization Information page will be displayed.

| | | | |
|---------------------|--|-----------------------------|------------|
| PA Number | 0000000000 | Received Date | 05/14/2015 |
| PA Status | APPROVED | Amendment Received Date | 05/15/2015 |
| Amendment Status | INACTIVE - INFO NOT RECEIVED | Date Return Provider Review | 05/15/2015 |
| Process Type | PHYSICAL THERAPY | Finalized Date | 06/22/2015 |
| Media Type | WEB | Date Decision Notice Sent | |
| Provider ID | 1234567890 NPI | Member ID | 0987654321 |
| Provider Check | ANY SERVICE LOCATION WITH THE SAME NPI | Member Last | MEMBER |
| Financial Payer | Medicaid | Member First | IM |
| Print Option | NO PRINT | DOB | 01/01/1970 |
| Primary Diagnosis | E109 | 24 Hour Drug | NO |
| Secondary Diagnosis | | HealthCheck Other Services | NO |
| Internal Text | NO | Clinical Notes | NO |
| External Text | YES | Emergency Supply | NO |
| Version Number | 5010 | | |

Open Tab
save
cancel
new
help
Audit
Stacked View

Figure 170 Prior Authorization Information Page

The Prior Authorization Information panel consists of the following sections:

- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
 - o The *Open Tab* menu provides access to panels that contain more detailed member information.
 - o The *Help* menu provides access to information regarding the Member Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
 - o The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Member Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

- The Prior Authorization Information panel displays information about the PA.

9.1.1 Prior Authorization Information Panel

| | | | |
|---------------------|-----------------------|------------------|------------|
| PA Number | 000000000 | Received Date | 09/11/2009 |
| PA Status | APPROVED | Amendment | |
| Amendment Status | | Received Date | |
| Process Type | DRUGS | Date Return | |
| Media Type | PAPER | Provider Review | |
| Provider ID | 1234567890 NPI | Finalized Date | 09/11/2009 |
| Provider Check | ALL SERVICE LOCATIONS | Date Decision | 09/11/2009 |
| Financial Payer | Medicaid | Notice Sent | 09/11/2009 |
| Print Option | NO PRINT | Member ID | 0987654321 |
| Primary Diagnosis | 314 | Member Last | MEMBER |
| Secondary Diagnosis | | Member First | IM |
| Internal Text | NO | DOB | 01/01/1970 |
| External Text | NO | 24 Hour Drug | NO |
| Version Number | 51 | HealthCheck | NO |
| | | Other Services | NO |
| | | Clinical Notes | NO |
| | | Emergency Supply | NO |

Figure 171 Prior Authorization Information Panel

The Prior Authorization Information panel may include the following information:

- The *PA Status* field indicates at what stage the PA request is in processing (e.g., approved, denied, pending, inactive, returned, suspended).
- The *Amendment Status* field indicates what stage any amendments to the PA request are at in processing.
- The *Process Type* field displays the process type indicated on the PA request.
- The *Media Type* field indicates how the provider submitted the initial PA request.
- The *Provider ID* field displays the validated ID of the billing provider.
- The *Provider Check* field indicates the level of provider matching completed when the claim interfaces with the PA request.
- The *Financial Payer* field displays the unique program responsible for payment.
- The *Print Option* field indicates what letters will be generated for the PA.
- The *Primary Diagnosis* field displays the primary diagnosis code that is indicated on the PA request.
- The *Secondary Diagnosis* field displays the secondary diagnosis code that is indicated on the PA request, if applicable.

- The *Internal Text* field indicates whether or not a user has entered or modified information in the Internal Text panel regarding the PA request. The information on the Internal Text panel is *not* seen by a provider or member.
- The *External Text* field indicates whether or not a user has any free form notes or comments in the External Text panel. The information on the External Text panel is sent to a provider through a PA decision notice.
- The *Version Number* field what type of transaction was used to originally submit the PA request. Transaction types include *4010*, *5010*, *51* (pharmacy), or *D0* (pharmacy).
- The *Received Date* field displays when ForwardHealth received the PA request.
- The *Amendment Received Date* displays when ForwardHealth received an amendment to a PA request.
- The *Date Return Provider Review* field displays the date the PA was returned to the provider for comments or additional information, if applicable.
- The *Finalized Date* field displays the date a decision was made for a PA or an amendment.
- The *Date Decision Notice Sent* field displays the when the decision notice was sent.
- The *24 Hour Drug* field indicates whether or not the PA has one or more line items that are for 24 hour drugs.
- The *HealthCheck Other Services* field indicates whether or not the PA is for HealthCheck Other Services.
- The *Clinical Notes* field indicates whether or not any clinical notes are included for the PA request.
- The *Emergency Supply* field indicates whether or not the PA request is for an emergency supply of drugs.

9.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Prior Authorization menu option.

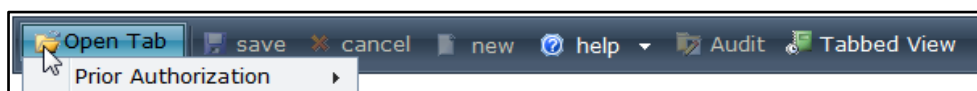


Figure 172 Open Tab Menu

Prior Authorization Menu

Hover over Prior Authorization on the Open Tab menu to display menu options for panels containing more detailed information for the selected PA.

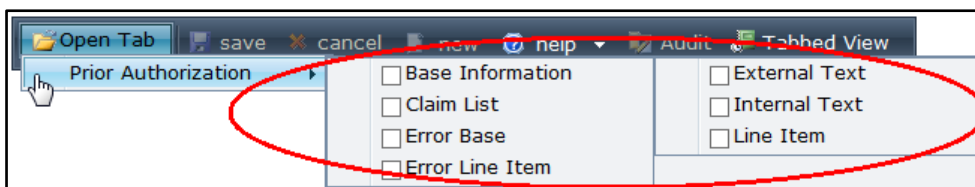


Figure 173 Prior Authorization Menu

Base Information Panel

The Base Information panel displays some of the same information displayed in the Prior Authorization Information panel.

1. Select **Base Information** from the Prior Authorization menu. The Base Information panel will be displayed. Tabs for Base Information, Error Base, Line Item, and Error Line Item panels will be displayed.
2. Click the **Base Information** tab.

Figure 174 Base Information Panel

The Base Information panel may include the following information:

- The *Keyed Provider ID* field displays the billing provider's ID number.
- The *Taxonomy Code* field displays the billing provider's taxonomy code.

- The *Requesting Provider Signature* field displays the electronic signature of the provider who requested the service.
- The *Practice Location Zip* field displays the ZIP code and four-digit extension of the provider's practice location.
- The *Requested Start Date* field displays the start date specified on the PA request.
- The *DUR* field indicates that the PA request is for Drug Utilization Review alert processing, if applicable (e.g., quantity limit, early refill).
- The *Prescrib/Refer/Order Prov ID* fields display the referring physician's provider ID number. This field applies only to a Hearing Aid PA request.
- The *Prescrib/Refer/Order Prov Name* field displays the referring physician's name. This field applies only to a hearing aid PA request.
- The *First Date of Treatment — SOI* field displays the date that the first treatment occurred for the SOI.
- The *Start Date — SOI* field displays the onset date of the spell of illness (SOI).

Claim List Panel

The Claim List panel displays any claims that are associated with a PA request.

1. Select **Claim List** from the Prior Authorization menu. The Claim List panel will be displayed.

| Base Information | Error Base | Line Item | Error Line Item | Claim List | | | | |
|------------------|--------------|----------------|-----------------|------------|--------------|--------|------------|------------|
| Claim ICN | Claim Detail | Claim Sequence | PA Line Item | Units Used | Dollars Used | Status | FDOS | TDOS |
| 00000000000000 | 1 | | 01 | 1 | \$1,000.00 | Active | 08/01/2008 | 08/01/2008 |

Figure 175 Claim List Panel

The Claim List panel may include the following information:

- The *Claim ICN* column displays the ICN of the claim.
- The *Claim Detail* column displays the claim detail number associated with the PA.
- The *PA Line Item* column displays the PA line item associated with the claim.
- The *Units Used* column indicates the number of units that have been used to date for the PA line item associated with the claim.
- The *Dollars Used* column displays the dollar amount that has been used to date for the PA line item.
- The *Status* column indicates whether the claim and PA cross-reference record is active or inactive. The record will become inactive only after an adjustment to the claim is released. Only active records are used in accumulating PA used amounts and units.
- The *FDOS* column displays the claim's from date of service (DOS).
- The *TDOS* column displays the claim's to DOS.

Error Base Panel

If there were any errors on the Base Information panel, the Error Base panel will display codes and descriptions that identify the errors. The Error Base panel also indicates whether or not the error can be overridden.

1. Select **Error Base** from the Prior Authorization menu. The Error Base panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| Error Code | EOB Code | Description | Override |
|------------|----------|--------------------------------|----------|
| P076 | 0000 | MEMBR IN BENCHMARK ON STRT DTE | NO |

Error Code: EOB Code:

Message: Duplicate PA Number:

Override:

Figure 176 Error Base Panel

Error Line Item Panel

If there were any errors on the Line Item panel, the Error Line Item panel will display codes and descriptions that identify the errors.

1. Select **Error Line** from the Prior Authorization menu. The Error Line panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

| Line Item | Error Code | EOB Code | Description | Override |
|-----------|------------|----------|----------------------|----------|
| 01 | 4803 | 0000 | NO BILL RULE FOR NDC | YES |

Line Item: Error Code: EOB Code:

Message:

Override:

Figure 177 Error Line Item Panel

The Error Line Item panel may include the following information:

- The *Line Item* field displays the line item number from the Line Item panel that is associated with the error.
- The *Error Code field* displays a code that indicates the error that was discovered on the PA during processing.
- The *EOB Code field* displays the explanation of benefits (EOB) code associated with the EOB description.
- The *Message* field describes the error code indicated.
- The *Override* field indicates if the error code can be overridden.

External Text Panel

The External Text panel displays additional notes that may be associated with a PA request and the date that the note was entered. These notes are sent to a provider through a PA decision notice.

1. Select **External Text** from the Prior Authorization menu. The External Text panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'External Text' panel with a table of entries and a text input area. The table has columns for Line Number, Date Entered, and Text. The text input area is labeled 'Text' and contains the word 'First.'.

| Line Number | Date Entered | Text |
|-------------|--------------|------------------------------|
| 1 | 05/14/2015 | First. |
| 2 | 05/14/2015 | Second. |
| 3 | 05/14/2015 | Third. |
| 4 | 05/14/2015 | Fourth. |
| 5 | 05/15/2015 | Fifth. |
| 6 | 05/15/2015 | Sixth. |
| 7 | 05/15/2015 | Seventh, Amendment returned. |

Text input area: First.

Buttons: delete, add

Figure 178 External Text Panel

Internal Text Panel

The Internal Text panel displays notes or comments that are not seen by a member or provider.

1. Select **Internal Text** from the Prior Authorization menu. The Internal Text panel will be displayed.

- Click the applicable row to populate information in the fields on the panel.

Figure 179 Internal Text Panel

Line Item Panel

The Line Item panel displays each line item on a PA request.

- Select **Line Item** from the Prior Authorization menu. The Line Item panel will be displayed.
- Click the applicable row to populate information in the fields on the panel.

Figure 180 Line Item Panel

The Line Item panel may include the following information:

- The *Line Item* field displays the line item number selected.
- The *Keyed Rendering Provider Number* field displays the rendering provider's NPI entered on the PA request.
- The *Rendering Provider Number* field displays the validated rendering provider's NPI.
- The *Rendering Provider Taxonomy* code field displays the rendering provider's taxonomy code.
- The *Service Code Type* field displays what kind of service code was indicated (e.g., procedure code, revenue code, National Drug Code [NDC]).
- The *Service Code* field displays the procedure code, revenue code, diagnosis code, or NDC indicated on the PA request.
- The *Service Code Description* field describes the indicated service code.
- The *Additional Service Code Description* field displays information if the provider indicated an additional description for the service code.
- The *Place of Service* field displays a code that indicates where the service, procedure, or item was provided, performed, or dispensed.
- The *Patient Loc* field displays a code that indicates where the member is located.
- The *Group ID* field displays a number that identifies line items authorized as a group.
- The *List ID* field displays a number that is associated with the line item. The List ID is used when authorizing line items associated with a predefined list of services.
- The *HIC4 Matching* field indicates whether claims may use the HIC4 value when matching to a PA.
- The *Modifier* fields display any modifier codes that correspond with the indicated service code.
- The *Tooth* field displays the tooth number or letter indicated on the PA request, if applicable.
- The *Status* field displays what stage the line item is in processing.
- The *Payment Method* field indicates what method of payment should be used to pay for the authorized service.
- The *Quantity Requested* field displays how many units the provider requested for the service, procedure, or item.
- The *Charge* field displays the provider's usual and customary charge for each service, procedure, or item requested.

- The *Authorized Units* field displays how many units were approved for the indicated service code.
- The *Charge* field displays the provider's usual and customary charge for each service, procedure, or item approved.
- The *Authorized Eff Date* field displays the date for which the service was approved to begin.
- The *Authorized End Date* field displays the date for which the service was approved to end.
- The *Requested End Date* field displays the date for which the provider requested the service to end.
- The *Balance Units* field displays the amount of units remaining after subtracting the authorized units from the quantity used units. (For example, if the PA is authorized for five units and the claim paid two units, the Balance Units field will display three units.)
- The *Balance Dollars* field displays the dollar amount remaining after subtracting the authorized dollars from the quantity used dollars. For payment method Pay Unit Fee Price w/Unit Limit, the balance dollars equals the balance units multiplied by the authorized dollars.
- The *Quantity Used Dollars* field displays the total dollar amount that was used on the PA line item by paid claims against the PA line item.
- The *Quantity Used Units* field displays the total units that were used on the PA line item by paid claims against the PA line item. (For example, if a PA is authorized for five units, but the claim paid used two units, the Quantity Used Units field will display two units.)
- The *Area of the Oral Cavity* field displays a two-digit number that identifies the area of the mouth (e.g., 01 for maxillary arch, 02 for mandibular arch).